

113/B16

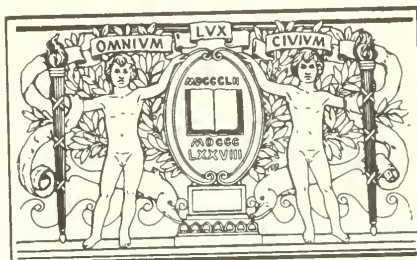
PE

77/1

BOSTON PUBLIC LIBRARY



3 9999 06588 637 4



**BOSTON  
PUBLIC  
LIBRARY**





Digitized by the Internet Archive  
in 2011 with funding from  
Boston Public Library

<http://www.archive.org/details/feasibilitystudy1977bost>









A  
m3 / B16  
PF  
77/1

6820072

FEASIBILITY STUDY FOR DEVELOPMENT OF A  
MULTI-SERVICE COMMUNITY CENTER IN THE MATTAPAN SECTION  
OF THE CITY OF BOSTON

✓ [unclear] [unclear]  
[unclear]

Prepared for Public Facilities Department  
City of Boston  
by  
Boston Urban Observatory/University of Massachusetts  
at Boston

June, 1977

The Boston Urban Observatory

City of Boston  
Kevin H. White, Mayor

Observatory Policy Board

Alexander Ganz  
Boston Redevelopment Authority

Richard Hogarty  
University of Massachusetts at Boston

Martin Levin  
Brandeis University

Stephen London  
Simmons College

Richard L. McDowell  
Suffolk University

Donald Moulton  
Harvard University

Andrew M. Olins  
City of Boston

David Rosenbloom  
City of Boston

Robert B. Schwartz  
City of Boston

Bradbury Seasholes  
Tufts University

John H. Strange  
University of Massachusetts at Boston

Loring P. Thompson  
Northeastern University

James Young  
City of Boston

\* \* \* \* \*

Joseph S. Slavet, Director  
Boston Urban Observatory  
University of Massachusetts at Boston







## CONTENTS

	<u>Page</u>
I. SUMMARY AND RECOMMENDATIONS	
Background.....	1
Methods of Study.....	3
Summary of Findings.....	6
Recommendations.....	21
How to Improve the Existing Social.....	25
Service Delivery System	
Creating a New Facility.....	34
Service Demands/Staffing/Budgets.....	35
Summation.....	39
Implementation Strategy.....	48
Goals and Objectives of Mattapan Multi-.....	51
Service Center	
II. BACKGROUND	
Project Advisory Committee.....	56
III. THE DEMOGRAPHIC CHARACTERISTICS OF MATTAPAN	
IV. A REVIEW OF MATTAPAN'S CURRENT SOCIAL SERVICE DELIVERY SYSTEM	
Introduction.....	63
The Major Service Providers.....	76
Social Service Agency Description.....	80
Mattapan Community Health Center.....	80
Boston State Hospital, Family Care Unit.....	85
Carney Hospital.....	86
Dorchester Mental Health Center.....	89
Harvard Street Neighborhood Health Center.....	94
Housing Improvement Program.....	105
Lee's Day Care Center.....	107
Lena Park Community Corporation and.....	110
Neighborhood Center	
Mattahunt Community School.....	116
Mattapan Little City Hall.....	117
Mattapan Police-Community Relations Program....	119
Massachusetts Department of Public Welfare.....	122
Mattapan Youth Resources.....	123
Recruitment and Training Program.....	129
Leader Evaluation of Agencies/Services.....	133

	<u>Page</u>
V. HOUSEHOLD SURVEY RESULTS	
Introduction.....	145
Employment of Mattapan Residents.....	146
Priority Needs and Service Gaps: Employment....	154
Educational and Recreational Needs.....	156
Children's Needs.....	156
Adult Needs.....	165
Priority Needs and Service Gaps: Education.....	166
and Recreation	
Health Needs and Services.....	168
Adult Health.....	168
Children's Health.....	177
Special Health Needs.....	179
Ambulatory Care in Mattapan.....	180
Priority Needs and Service Gaps: Health.....	182
Neighborhood and Housing Needs.....	184
City Services.....	200
Ratings of Mattapan.....	201
Priority Needs and Service Gaps: Housing.....	201
and Neighborhood Conditions	
VI. LEADER SURVEY RESULTS	
Methods/Background.....	203
Center Goals, Roles and Functions.....	206
Possible Center Site Locations.....	209
Institutional Models/Organizational.....	214
Questions	
Center Status.....	219
Staff Training.....	222
VII. DEMAND ANALYSIS	
Introduction.....	225
Mobility in Mattapan.....	225
Agencies, Residents and Community Leaders.....	232
VIII. PLANNING/DESIGN RESULTS	
Introduction.....	239
Planning/Design Process.....	239
Service Demands Analysis and Synthesis.....	242
Review of Initial Sites.....	247
Review of Final Three Sites.....	248
Land Adjacent to the Walker Playground.....	252
Tileston School.....	255



APPENDICES

Appendix A - Interview Schedules.....	260
(1) Agency	
(2) Household	
(3) Leadership	
Appendix B - Data Collection Procedures--	293
Household Survey.....	
Appendix C - Site Visit Report.....	333
Appendix D - Leader Evaluation of Agencies.....	345
Appendix E - Budget Example and Funding	
Options for Operating and	
Capital Costs.....	347
(1) Budget Example, Years 1 and 2	
(2) Budget Example, Years 4 and 5	
(3) Funding Options-Operating Costs	
(4) Funding Options-Capital Costs	
(5) Cost Ranking	
(6) A Note on Rental Income	
Appendix F - Tables from Household Survey.....	356

TABLES

	<u>Page</u>
TABLE I-1 ALTERNATIVE ESTIMATED 5-YEAR COSTS FOR SERVICE IMPROVEMENTS, RENOVATION AND NEW CONSTRUCTION OF MULTI-SERVICE FACILITY....	47
TABLE IV-1 LENA PARK COMMUNITY CORPORATION PROFILE OF FUNDING OF PROGRAMS AND SERVICES, 1975.....	114
TABLE IV-2 LENA PARK COMMUNITY CORPORATION COMPARATIVE STATEMENT FOR YEAR ENDED DECEMBER 31, 71-72-73-74-75.....	115
TABLE V-1 CRIME IN MATTAPAN AND BOSTON FOR SELECTED YEARS.....	188
TABLE V-2 NUMBER OF JUVENILE ARRESTS BY NEIGHBORHOOD, JANUARY-JUNE 1976.....	191
TABLE V-3 HOUSING IN MATTAPAN.....	192
TABLE V-4 OWNER-OCCUPANCY IN MATTAPAN.....	194
TABLE VI-1 COMPLETED LEADER INTERVIEWS.....	203
TABLE VI-2 COMPARATIVE MARITAL STATUS, LEADERS AND HOUSEHOLDS.....	204
TABLE VI-3 COMPARATIVE RELIGIOUS PREFERENCE, LEADERS AND HOUSEHOLDS.....	204

TABLES

	<u>Page</u>
TABLE VI-4 COMPARATIVE RACIAL BACKGROUND, LEADERS AND HOUSEHOLDS.....	205
TABLE VI-5 RANK ORDERING OF SERVICE GAPS, SERVICES IMPORTANT TO ADD, FUNCTIONS/ SERVICES BY LEADERS.....	208
TABLE VI-6 LEADER RANK ORDER OF SITE SELECTION CRITERIA.....	210
TABLE VI-7 LEADER FACILITY PREFERENCE.....	210
TABLE VI-8 LEADER RANKING OF POSSIBLE CENTER SITE LOCATIONS.....	211
TABLE VI -9 LEADER RANKING OF FUNDABLE CENTER FUNCTIONS.....	212
TABLE VI-10 LEADER RANKING OF CENTER GOVERNANCE FUNCTIONS.....	215

FIGURES

	<u>Page</u>
FIGURE 4-1 MEDICAL, DENTAL, MENTAL HEALTH AND FAMILY COUNSELING SERVICES.....	66
FIGURE 4-2 CHILD DEVELOPMENT AND CHILD CARE SERVICES.....	67
FIGURE 4-3 ALTERNATIVE AND INFORMAL EDUCATION SERVICES.....	68
FIGURE 4-4 EMPLOYMENT AND TRAINING SERVICES.....	69
FIGURE 4-5 SENIOR CITIZENS SERVICES.....	70
FIGURE 4-6 RECREATION SERVICES.....	71
FIGURE 4-7 LEGAL AND CITIZEN SECURITY SERVICES.....	72
FIGURE 4-8 LAND UTILIZATION AND COMMUNITY ORGANIZATION.....	73
FIGURE 4-9 SERVICE MOBILIZATION AND REFERRAL SERVICES.....	74
FIGURE 4-10 DORCHESTER MENTAL HEALTH CENTER STAFF PATTERN.....	92
FIGURE 4-11 HARVARD STREET NEIGHBORHOOD HEALTH CENTER TABLE OF ORGANIZATION.....	98
FIGURE 4-12 HARVARD STREET NEIGHBORHOOD HEALTH CENTER BREAKDOWN OF FUNCTIONS.....	99



FIGURES

	<u>Page</u>
FIGURE 4-13 HARVARD STREET NEIGHBORHOOD HEALTH CENTER MEDICAL BREAKDOWN.....	100
FIGURE 4-14 HARVARD STREET NEIGHBORHOOD HEALTH CENTER NURSING BREAKDOWN.....	101
FIGURE 4-15 LENA PARK COMMUNITY CORPORATION COMMUNICATIONS FLOW CHART.....	112
FIGURE 4-16 LENA PARK COMMUNITY CORPORATION TABLE OF ORGANIZATION.....	113
FIGURE 7-1 SOUTHWEST SPECIAL MOBILITY STUDY AREA.....	227
FIGURE 7-2 SERVICE ACCESSIBILITY.....	234
FIGURE 8-1 PLANNING/DESIGN PROCESS.....	240
FIGURE 8-2 BOSTON NEIGHBORHOODS.....	241
FIGURE 8-3 SOCIAL SERVICE AGENCIES IN BOSTON.....	243
FIGURE 8-4 SOCIAL SERVICE AGENCIES IN MATTAPAN.....	244
FIGURE 8-5 SUMMARY OF DEMOGRAPHIC CHARACTERISTICS.....	245
FIGURE 8-6 SUMMARY OF SERVICE DEMANDS.....	246

FIGURES

	<u>Page</u>
FIGURE 8-7 SITE LOCATIONS.....	249
FIGURE 8-8 LAND USE.....	250
FIGURE 8-9 REVIEW OF INITIAL SITES.....	251
FIGURE 8-10 SPACE REQUIREMENTS AND CHARACTERISTICS....	253
FIGURE 8-11 REVIEW OF FINAL SITES.....	254
FIGURE 8-12 TILESTON SCHOOL DIAGRAMMATIC.....	257
FIGURE 8-13 WALKER PLAYGROUND DIAGRAMMATIC LAYOUT.....	258
FIGURE 8-14 CONSTRUCTION COST DATA PRELIMINARY ESTIMATE.....	259

## ACKNOWLEDGMENTS

This study would not have been possible without the initial interest expressed by the Mattapan community. Through this expression of interest the Office of Community Development(OCD) of the City of Boston allocated funds to the Public Facilities Department to select, along with representatives of the Mattapan community, a group to conduct the study. The Boston Urban Observatory(BUO) was among several groups who submitted proposals outlining a study design and cost estimate. After many months of deliberation, BUO was selected as the group to undertake the study.

Thanks should go to those members of the Screening Committee who spent many long hours reviewing proposals, interviewing finalists, and eventually selecting BUO as the study group. Those City of Boston personnel who have played a central role throughout the study include: Doby Flowers, formerly with OCD, now with the Manpower Office, Chris Olney, Staff Planner with the Public Facilities Department, and Ralph LeBeau, District Planner, Boston Redevelopment Authority(BRA).

The initial study design was formulated by Dr. Philip Hart, College of Public and Community Service(CPCS), Dr. Thomas Mangione, Assistant Director of the Survey Research Program(SRP) and Joseph Slavet, Director, Boston Urban Observatory(BUO), all of the University of Massachusetts-

Boston. Joseph Smith, a doctoral candidate in social psychology at Harvard University, served as a research assistant to the study and conducted the Mattapan area agency survey as well as contributed to portions of the final report. Vickie Moseley, a doctoral student in psychology at Boston University also served as a research assistant in the household survey phase and contributed to portions of the final report.

The Community Development Corporation of Boston, Inc. also participated in the household survey phase and thanks should go to General Manager Marvin E. Gilmore, Jr., Joseph Perez, and to Field Supervisor, James E. Wynn, a Mattapan resident and recent CPCS graduate. In terms of the household survey phase, the Survey Research Program's contributions cannot be minimized with particular thanks reserved for Alice Fehlhaber, who so ably served as the SRP Field Supervisor and as resource person to CDC of Boston's Field Supervisor.

The planning and design phase of the study was ably carried out by architect/engineer Michael Chu, and his assistant, architect Mark Shapiro. Their work was particularly useful in terms of providing technical assistance on site and design criteria for optional facilities, site alternatives and estimated costs.

Thanks should also go to the nearly thirty-five people who toiled as household and leader interviewers, to the



agency personnel serving Mattapan who so willingly gave of their time and information, and to the persons who gave of their time to provide accurate responses in the household interviews and leader interviews. Another important ingredient in the study was the role of the Project Advisory Committee(PAC), and gratitude should be sent out to these nine(9) Mattapan residents. Thanks should also go to the Mattahunt Community School where PAC meetings were conducted and to the staff members of the Harriet Tubman House and Alianza Hispana who cooperated with the study team in setting up and conducting site visits for the Project Advisory Committee. Dorothy Anderson's efforts in typing several drafts of each chapter as well as the final report are also gratefully acknowledged.

This study in its final form will hopefully render a concrete acknowledgment to its source, that is the Mattapan community, through the possibility of a viable multi-service center coming into being which can serve the community and strengthen the community.

Philip Hart, PhD  
Project Director

FOREWORD

This report to the Public Facilities Department of the City of Boston responds to the issue raised by Mattapan residents in 1974 that this neighborhood needs a community center. To delineate more precisely whether and what kind of a center is needed, where it might be located and how it might be developed, the report relied heavily on inputs from residents of Mattapan--through a household survey, through a leadership survey and through the advice and counsel of a project advisory committee representative of the Mattapan community. Thus in every respect the findings and recommendations represent the consensus and preferences of Mattapan residents.

Whether the plan of action proposed in this report becomes a visible, viable operating institution controlled by and serving the people of Mattapan depends on the initiative and follow-up of those who generated the feasibility study itself. The plan will become a reality only if and when the Mattapan community demonstrates that it is taking those steps necessary to establish a non-profit institution representative of the people of Mattapan and with the will, interest and capacity to serve Mattapan residents in accordance with the proposed community roles and system of services outlined in the report.

Joseph S. Slavet, Director  
Boston Urban Observatory

RECOMMENDATIONS

APPENDICES



## SUMMARY AND RECOMMENDATIONS

### Background

The feasibility study of a Mattapan multi-service center had its beginning in a community expression of interest in such a facility in 1974 Community Development Block Grant (CDBG) neighborhood meetings. This interest was expressed by Mattapan residents to the Office of Community Development, the city agency responsible for administering the multi-million dollar CDBG program. It was agreed that before a multi-service facility be considered, a thorough feasibility study was to be conducted in order to determine if indeed there existed a need, and if such a need did exist, then what were its parameters.

The Office of Community Development then made available up to \$50,000 for a feasibility study to be conducted under the auspices of the Public Facilities Department of the City of Boston. A request-for-proposal (RFP) was sent out to prospective agencies viewed as capable in carrying out such a study. A screening committee composed of Mattapan residents, agency personnel and City personnel was then organized to review incoming proposals and to recommend a study team to the Public Facilities Department. After months of delay and deliberation, the Boston Urban

Observatory<sup>1</sup> was selected from over 20 applicants to conduct the feasibility study.

The technical assistance provided by the Boston Urban Observatory under contract to the Public Facilities Department on behalf of the Mattapan community is an innovative example of knowledge buildup comparable to the historic agricultural experiment station and research hospital processes of developing new knowledge, which in this instance is applied to achieve useful goals and institutional change.<sup>2</sup> The knowledge developed as a result of the feasibility study is to be couched in the form of recommendations to improve the current social service delivery system to the Mattapan community (institutional change) and in the form of three site plans for a new multi-service facility which will then enable the Mattapan community to realize its human service goals (application to achieve useful goals).

The feasibility study thus began in a consensus among city agencies and the Mattapan community that technical

---

<sup>1</sup> An urban policy research organization which has the University of Massachusetts/Boston as its fiscal agent.

<sup>2</sup> See Christopher Sower, "An Experimental Sociology of Institutional Renewal," reprinted from Rural Sociology, Vol. 41, No. 1, Spring 1976.



assistance was needed in order to increase the knowledge-base pertinent to the question of how to improve the service delivery system to the community. Given this study background, it seems there is a greater than chance probability that recommendations in this report will be followed. Such a prediction is rooted in two contingent factors, which are: (1) the fact that survey and case study research about an organization and a community have been conducted and changes designed which are consistent with the community's norms and goals; and (2) that the search for consensus continue in that changes which produce a consensus and a focus on common goals will likely be more successful than those which result in energy being allocated to conflict or to goals that are not valued by the community.<sup>3</sup>

#### Methods of Study

The study which the Boston Urban Observatory designed and carried out consisted of a four-part methodology. The initial study task consisted of conducting a survey of those agencies serving the Mattapan community and to compile

---

<sup>3</sup> Ibid, Sower, p.12. Mattapan is an example of a community that has not attained consensus and a sense of common goals on previous community organization endeavors. Such dissensus has reduced the effectiveness of such programs (e.g., the Mattapan Police-Community Relations Program.)

case studies of fourteen of the major service agencies. This study element had as its primary objective the assessment of the capacity and quality of the current delivery system. The second study element consisted of respondent interviews with a representative sample of 286 Mattapan households in order to ascertain current social service utilization patterns, to rate service delivery irrespective of agency, needs and gaps in service, priorities, and demographic data, with particular emphasis on educational and recreational needs, neighborhood and housing needs, health needs and services, and employment needs.<sup>4</sup>

A community leadership survey comprised the third study element. The purpose of the leader interviews was to draw upon the knowledge and experience of persons acknowledged to be community advocates, and/or opinion-makers, in order to supplement information generated by the 1977 household survey and agency survey. A total of 29 community leaders were interviewed.<sup>5</sup> In addition to

---

<sup>4</sup> The response rate in the 1977 household survey was 70 percent, which compares favorably with a 61 percent response rate in Mattapan in a special mobility study conducted in 1972. See Southwest Special Mobility Study (Boston Transportation Planning Review), April 1973.

<sup>5</sup> An initial listing of 54 community leaders were selected by the nine-member Project Advisory Committee in conjunction with project staff. Of this original 54, seven were interviewed in the household survey, thus the response rate in this study element was 62 percent.

questions which related to public services, educational and recreational needs, neighborhood and housing needs, health needs and services, employment needs, priorities and gaps, the leaders were also asked to rate 29 Mattapan area agencies, to rate service delivery irrespective of agency, to suggest institutional models, to reflect on governance issues, to reflect on criteria for site selection, to recommend specific sites for potential center development, and to assess whether such a development was desirable. If such a development was seen as desirable, the leaders were asked to recommend possible operating cost sources for at least a five-year period and to recommend possible financing sources for facility site development.

The fourth study element consisted of planning/design work in relation to possible facility sites. A planning/design process was outlined which included: site visits for Project Advisory Committee members to one newly constructed multi-service facility and one renovated multi-service facility, leadership and agency site recommendations, and inventory of buildings available for renovation in Mattapan, a review of vacant land for possible new site construction, estimated costs for renovation and/or new construction, possible financing for renovation and/or new construction, and specific recommendations for development

priorities.

The four study elements thus represent a comprehensive methodology which yields a demand analysis indicating parameters for a multi-service center service range, sites and spatial layout, and a recommended development process. Further, the methodology yields a report which is probably the most comprehensive neighborhood analysis done in Boston in the recent past.

#### Summary of Findings

The agency survey indicates that Mattapan has a fairly good service coverage if we compare existing services with an ideal functional system. However, the two highest ranking and most diversified service agencies included in the survey are not physically located in Mattapan. These highly rated and diverse agencies are the Harvard Street Health Center and the Lena Park Community Corporation. Harvard Street is a part of the City of Boston Health and Hospitals Department, while Lena Park is a non-profit, private corporation.

Despite the seemingly adequate service coverage of the existing agencies, both the household respondents and community leadership gave low marks to the current service capacity and quality of Mattapan area social service agencies. There is also an appreciable lack of knowledge about several of the existing agencies. Additionally, several



of the existing agencies are inaccessible to segments of the population that could make good use of their services.

The majority of agencies surveyed were supportive of multi-service center development in Mattapan, and suggested possible facility site locations. Also, several of the agencies surveyed expressed an interest in being involved in the planning of a multi-service center and/or being included physically within such a center if it actually came into existence. The notable exception to a multi-service center development in Mattapan was expressed by spokespersons at the Lena Park Community Corporation. For the most part then, existing agencies are supportive of a multi-service center in Mattapan. Household respondents and the community leadership see such a development as a means to enhance the service delivery quality in Mattapan. Furthermore, the community leadership see that it is possible for such a facility to provide badly needed advocacy for Mattapan interests, to be a community organization<sup>6</sup> focal

---

<sup>6</sup> A recent example of the need in Mattapan for an advocacy, community organization focal point is the lack of Mattapan representation on the Boston Advisory Council to the Commission on Affairs of the Elderly. Chinatown, Franklin Field and Mattapan are the only areas lacking representation and according to a member of the Commission, these three areas did not even present a single candidate. See "Three Areas Miss Vote on Advisory Panel," The Boston Globe, July 6, 1977, p.51.

point, and to provide a community outreach function within Mattapan.

The household respondents and community leadership both expressed concern about burglary and vandalism in Mattapan. Drug abuse is an additional concern of those in the household survey, while the leadership expressed concern about groups of teenagers hanging around. Household respondents were generally concerned with the rising tide of juvenile delinquency and youth crime. Concurrently, youth-serving agencies in Mattapan are not reaching delinquent-prone youth. Priority delinquency-prevent needs are supplementary education, job and training assistance, social services and recreation. The leadership expressed dissatisfaction with Mattapan area facilities for girls 10 or older as well as the programs for young people in general. A need was expressed by community leaders for more available programs for young people in general and girls 10 or older specifically, and that such programs consist of planned and structured activities.

Official statistics and windshield surveys indicate scattered housing deterioration and abandonment in the Wellington Hill area. There also exists a sluggish market and an inadequate demand for three-decker housing stock, especially in the Wellington Hill area. Approximately one-half of those sampled in the household survey own their



own homes, while 56 percent of those leaders surveyed own their homes.<sup>7</sup> At the same time, housing costs for large proportions of owners and renters are in excess of acceptable standards comparing income with housing expense. These inordinate housing costs are a deterrent to the motivation and capacity of owner occupants to upgrade their housing.

Respondents in the 1977 household survey identified "street and sidewalk repairs" as the greatest need in City services, as did the community leadership. Such consensus could express itself as an advocacy function of a community multi-service center. Households in Eastern and Southwest Mattapan added "public transportation" and "parks and playgrounds" to services of highest priority. Wellington Hill residents added "trash collection", "street lighting", "parks and playgrounds" and "police protection". The leadership expressed a desire to have the following City services improved upon: parks and recreation; police; trash and garbage collection; streets and sidewalks; public transportation; and public schools. Those agencies rated as poor in the leadership survey which address the above services and needs include: the Parks and Recreation Department; the Housing Inspection Department; the School Depart-

---

<sup>7</sup> Each of these rates of homeownership are at least 2-1/2 times the city-wide pattern of homeownership.

ment; and the Housing Improvement Program.

The 1977 household survey indicated a need for employment services to address the unemployed, the under-employed and those currently employed seeking other employment. In addition, there are no general-purpose neighborhood-based employment service centers in Mattapan, although Mattapan's employment service needs equal or exceed those of other Boston neighborhoods that benefit from the presence of such service facilities. Among area agencies offering more specialized employment services, the community leadership rated two of them in the top ten and two others far down the list.

In terms of health, one out of every four residents rated their own health only as "fair" or "poor." The average Mattapan adult has two of the following health deficiencies--"poor" or "fair" health rating: hospital emergency room used for medical care of no usual place for medical care; failure to have seen a physician for more than two years; no blood pressure test in more than two years; and failure to have seen a dentist in more than two years.

Pre-natal care is of unusual priority because of the relatively large number of births to Mattapan residents and the relatively high fertility rates in Mattapan. A

further concern here is that one in every five Mattapan households is within the medically-indigent range, ineligible for Medicaid and of insufficient income to afford health care. Further related to this finding is the fact that adult dental care in Mattapan is a relatively neglected health need.

Over one-fourth of households with children<sup>8</sup> indicated one or more of three unmet children's health needs--hospital emergency facilities being used for health care or no usual place for children's medical care; the failure of children to have seen a dentist in the past year; and children not having had fluoride treatment. Clearly a priority need for both adults and children is for dental care. Among those agencies offering dental services, the Harvard Street Neighborhood Health Center was rated at the top by community leaders and the Avenue Neighborhood Health Center<sup>9</sup> was also rated fairly high.<sup>10</sup> Nearly three-fourths of the leaders reported knowing of a neighborhood health center in Mattapan while among respondents in the household survey there was an extraordinary lack of awareness about the existence of Mattapan's only neighborhood health center, which has been in operation for over five years. The majority of the

---

<sup>8</sup> Mattapan households are 1-1/2 times more likely to have children than are households in the City of Boston in total.

<sup>9</sup> Now called the Mattapan Community Health Center.

<sup>10</sup> For the complete leader evaluation of agencies, see Appendix D.

leadership think the costs at the neighborhood health center are lower than a regular private doctor, that the quality of medical care is about the same as one could receive at most other places, and that it is very easy to get to the closest neighborhood health center. The majority of Mattapan households who know of a neighborhood health center think the costs are lower, that the medical care is about the same as one could receive at most other places, while just over half think the closest neighborhood health center is very accessible. City-wide the comparison is fairly constant, with a slightly smaller percentage across the city indicating that neighborhood health center costs are lower and that the service quality is about the same as one could receive elsewhere. A slightly larger percentage city-wide indicated that the closest neighborhood health center is very accessible.<sup>11</sup> Only one-third of Mattapan households indicated that a member had ever used a neighborhood health center, while about half of the leader households had ever had a member use a neighborhood health center. Over the past 12 months, the average number of visits to a neighborhood health center by members of the leader household was six.

---

<sup>11</sup> Of those households knowing of a neighborhood health center in Mattapan, 89 percent indicated the facility was at least fairly accessible. The city-wide figure is 93 percent.



More than three-fourths of Mattapan residents do not know where to go for assistance with alcohol or drug-related problems. A similar number do not know where to go with problems of the disabled, handicapped or retarded. Again, nearly three-fourths of Mattapan residents do not know where to go with personal, family or marriage problems. Among the rank ordering of very important services to have or add in Mattapan, the residents identified drug/alcohol programs and special health programs which address two of the three above service knowledge gaps. Lena Park Community Corporation is an area agency that has a family counseling program while the Mattapan Chronic Disease Hospital has an alcohol education program. Seemingly the above three service knowledge gaps could be addressed by providing more knowledge of the existing programs and/or increasing the existing service capacity or by having among the community organization and advocacy functions of a multi-service center the coordination, planning and development of programs to address these expressed needs.

Education and recreation are high priority interests in Mattapan because of the concentration of households with children and because of the prevalence of so many families with younger children. Since two-thirds of Mattapan's residents are black, achievement scores that show

two out of every three black children in the public schools reading below average as contrasted with one out of every three white children are a source of major concern. Similar disappointing achievement results in mathematics show one-half to three-fourths of black students with below average skills in mathematics concepts, computations and applications. Nearly eight out of every ten children in Mattapan attend public schools,<sup>12</sup> thus the quality of education in public schools should be of concern. Of this number 91 percent attend Boston public schools with the majority attending a public school elsewhere in Boston other than Mattapan. The quality of education provided in the public schools to Mattapan's children could translate into a community organization and advocacy function for a multi-service center, or into an alternative education program.<sup>13</sup> Continuing education at all levels is cited by

---

<sup>12</sup> One out of every five Mattapan children attend private or parochial schools. These schools are rated higher than Boston's public schools by both residents and community leaders.

<sup>13</sup> In Matters of Choice, A Ford Foundation Report on Alternative Schools (September 1974) it is noted that "(S)tandardized tests indicate that the children in the Federation (of Boston Community Schools) perform slightly above the national norm, and far above the average for Boston public schools" (p.16). The report goes on to note that the Federation grew out of three small community schools in the Roxbury and North Dorchester sections of Boston--areas marked by poverty and some of the most inadequate public schools in the city. The schools also had a black student population approaching 95 percent of the student body. There is thus



two out of every three residents as a priority need.

Teenagers with nothing to do are considered to be a high-ranking problem in Mattapan by residents and community leaders. Residents and leaders consider available recreation programs and facilities for children over six years of age to be of poor quality. Mattapan has been cited as a community with almost no viable youth services programs, with limited outlets for constructive activities. Furthermore, youth-serving agencies in Mattapan do not seem to be reaching the delinquent-prone youth.

There is a significant unmet need for day care services in Mattapan, estimated at around 160 day care slots, despite the availability of neighborhood-based licensed day care resources for some 200 children. Highest priorities in day care are for very young children (under 2-1/2 years old), for children requiring full-day services, for week-end care,

---

(footnote cont'd)

at least one local example of an alternative education program having a significant educational benefit for black children. Also see Muriel Cohen's Boston Globe article, "Alternative school students test far above Hub norm," September 9, 1974 in which she reviews the Ford Foundation report on alternative schools. The Federation has based much of its work on the premise that it is possible to bring home and school together. Mattapan's relatively high educational attainment level suggests that an organized strategy to bring home and school together could potentially reap more educational benefits than in the Roxbury and North Dorchester sections.

and for care of children with parents working irregular hours. An additional licensed day care<sup>14</sup> facility would thus seem to be needed to attempt and address the above day care priorities. Such a facility in a multi-service center could also serve a training and technical assistance function in order to assist other area day care centers and individuals and/or groups interested in beginning a day care operation to address the day care priorities. A multi-service center day care facility should probably have no more than 25 slots.

The community leaders identify elderly services as among current service gaps, very important services to have and functions/services which should have multi-service center priority. The largest concentration of elderly are in Southwestern and Eastern Mattapan, so any facility site location should be highly accessible to the elderly in these neighborhoods if full utilization is expected.

---

<sup>14</sup> Obviously an unknown number of these estimated 160 day care slots available are being covered by friends, relatives, unlicensed day care centers, or other informal arrangements. Over three-fourths of the leaders surveyed think that there are Mattapan residents who obtain some social services through an informal delivery system. Day care is the service mentioned most often by the leadership as being provided through an informal delivery system.

Overall, one-fourth of the residents were very satisfied with Mattapan as a place to live with a slightly larger percentage of the leaders expressing such satisfaction. Over 60 percent of the leaders felt their neighborhood to be a caring, mutually responsive community, one where people help each other rather than go their own way. Overall, close to 40 percent of the residents felt similarly about their neighborhood. Among the reasons noted by residents and leaders for liking Mattapan were noted "quiet/clean neighborhoods", "convenience to shopping", "good public transportation", "community concern", and that "it is a viable bi-racial community". However, one-third of the residents stated that it is at least somewhat likely that they would move from their current home within the year. Of those who indicated that they might move at all--representing about half the respondents--57 percent observed that they would seek new housing outside of Mattapan; only 17 percent said their preference was to look for housing only within Mattapan.

The Mattapan leadership is better educated, has a higher median family income, is more likely to be a homeowner, is more likely to be a male, is more likely to be black, is less likely to be Catholic, has about the same tenure in the neighborhood and is likely to fall within

the largest age cohort (40-64), in comparison with the Mattapan population as reflected in the 1977 household survey. The leaders are also more likely to be employed in professional, managerial and white-collar occupations with a few being self-employed. Around 65 percent of the residents are employed either in clerical, semi-skilled or service occupations.<sup>15</sup> Twelve percent reported their occupations as professional/technical, 9 percent as managers, 3 percent as sales, and 11 percent as skilled.

The leadership was also surveyed relative to organizational, governance, site location and funding questions. The Mattapan leadership surveyed tend to see a multi-service center as an independent, non-profit, private agency unaffiliated in a formal organizational sense except for possible program funding with the City, State and Federal levels of government. Further, the leaders see the need for a policy and program oriented board of directors elected by service area residents and composed of consumers and providers that hires a strong Executive Director and provides him/her with appropriate responsibility and authority to carry out a centralized administrative program while allowing for elements of a participatory model of

---

<sup>15</sup>

This figure is 66 percent city-wide.



governance and administration. The general feeling is that the chief administrative officer needs to be a strong administrator who conducts an organization that provides that there be places with upward mobility for community people.

Nearly all the leaders think that a multi-service center should not only provide services, but also be concerned with community organization and advocacy. Further, the major organizational domain problem noted by the leadership seems to arise with the Lena Park Community Corporation. The bulk of the leaders surveyed think that public and private funds can be located to operate a multi-service center at an acceptable level for at least five years. The leaders also note that given the current service range in Mattapan a multi-service center can gain acceptance as long as it is careful in service selection. Finally, nine out of ten of the leaders think a multi-service center can enable Mattapan residents to better realize their individual and collective goals.

Primary functions which the leadership saw such a center carrying out included providing needed services, organizing and planning around community issues and concerns, monitoring public issues, providing family-oriented services, having an information and referral capacity, and having the

capability for neighborhood needs assessment. The types of institutional models suggested within which such functions can best be realized included a multi-service model and the YMCA model. Multi-service centers identified that can serve as models because of their record-keeping system include Roxbury Multi-Service Center, Lena Park, Dorchester House and the United South End Settlement. A multi-service center carrying out the above functions, with a policy/program board of directors, a strong administrator, with a good record-keeping system, with staff training and upward mobility potential seems to be the type of organization being described by the leadership. Such a center can gain status inside and outside of Mattapan through effective service delivery, community involvement, strong leadership, acting responsibly, interaction with other agencies and communities and documenting and publicizing its efforts.

The combined mention of services most important to be addressed according to the leaders includes: recreation for adults and young people; employment services; youth services; elderly services; after school programs; legal services; needs assessment and planning; information and referral; day care; and programs for the non-English speaking. The leadership priorities by population group include the following groups identified as not receiving enough services:



teenagers; people with low incomes; families with children; grade school children; people with personal or family problems; young adults; middle-aged adults; people 65 and older; pre-school children and black families.

Finally, the leadership reported that they would use site selection criteria emphasizing accessibility to public transportation, the major service need, and to a major thoroughfare. Accessibility to both black and white residents is also seen as an important criterion to consider. The leadership was split as to whether they would like to see a renovated or newly constructed facility. However, over half think it is more feasible to renovate a facility for a multi-service center. Possible center site locations mentioned by the leadership includes Blue Hill Avenue near Walk Hill, near Mattapan Square and Blue Hill Avenue and Morton Street. Other general site locations were also suggested for consideration.

#### Recommendations

The recommendations to be made in this section will consist of four alternatives to be considered which have varying methods of implementation and costs associated with them. These four recommendations also have varying political and financial considerations that contribute to their feasibility of implementation. At this point, the technical

assistance provided by the Boston Urban Observatory can lay out the alternate recommendations and within a specified range of probability predict the acceptance or rejection of the suggestions presented to both the Public Facilities Department and the Mattapan community. The recommendations to be discussed include:

1. How to improve the existing social service delivery system.
2. Spatial requirements (a site plan) for two renovated facilities providing multi-services.
3. A site plan for a newly-constructed facility providing multi-services.

Within the context of the latter two recommendations, specific suggestions are also to be made regarding such matters as the type of institutional model, organizational design, services, staffing, ownership and sponsorship, governance and a five-year plan including start-up costs, operating costs and building costs. In addition, funding sources will be identified for the cost factors cited above.

The recommendations are presented as being mutually exclusive. However, in a real world planning and development process, the recommendations could have relatedness to each other. That is, it is possible to devise a method to improve the existing delivery system while continuing to plan for either a renovated or newly-constructed facility. Likewise, it is possible to develop a renovated facility

with an ultimate goal being to construct a new facility. Another possibility is to do nothing. Critical factors in the real world planning and development process that effect program implementation include issues related to both political and financial feasibility.

Another factor to be considered in facility site planning in the latter two recommendations are the spatial requirements of the Mattapan Community Health Center. Currently this neighborhood health center utilizes around 4000 square feet of space. The building which houses the program on Blue Hill Avenue has been sold and the rent raised by about 60 cents per square foot. The center director indicates that they are negotiating a one-year lease with an option to renew for another year with the new owner. However, as noted in the Agency Survey chapter, the health center, even prior to the sale of the building, had expressed a desire to move further toward Mattapan Square. The planning/design team is thus incorporating the projected health center space needs<sup>16</sup> with the spatial requirements for a multi-services

---

<sup>16</sup> The health center director projects that in 2-3 years they will need 7,000-10,000 square feet of space with the need for more dental labs, examining rooms, and mental health services.

component. This joint facility planning provides the potential of integrating an on-going health program into plans for a multi-service center. This type of planning can serve to enhance both the health service delivery system and the multi-service delivery system in Mattapan.<sup>17</sup> Finally, in such a

---

<sup>17</sup> The notion of joint facility planning with the Mattapan Community Health Center seems to be consistent with community norms and goals. Further, such a potential development can help actualize a centralized, one-stop multi-service capacity in Mattapan. Of concern, however, should be whether such a move by the health center leaves a gap of unmet needs in the area of its current location even though it will still be located in its primary health care area. An additional note here is that the Wellington Hill area where the health center is currently located has the largest percentage (49 percent) of residents who know of a neighborhood health center in Mattapan. This same area has the largest number of households that have ever used a neighborhood health center and the largest percentage of residents who think the closest neighborhood health center is very accessible. However, the other areas of Mattapan seem to have adult and children health needs which equal or exceed Wellington Hill's health needs though larger numbers of Wellington Hill residents report that they are in poor or fair health. In terms of accessibility, John B. McKinlay, in "Some Approaches and Problems in the Study of the Use of Services-An Overview," Journal of Health and Social Behavior, published by the American Sociological Association, Vol. 13, No. 2, June 1972, observes that "there is little evidence that the geographic proximity of services to potential consumers in itself necessarily produces increased rates of use." (p. 122) The studies to which McKinlay refers are mostly in the health service field. McKinlay's observation does not seem to be borne out if we compare the Wellington Hill community's utilization of the Mattapan Community Health Center with the utilization frequencies of the other three Mattapan neighborhoods.



joint facility planning program both the health center and multi-service center should maintain their autonomy from each other in a formal organizational sense.

#### How to Improve the Existing Social Service Delivery System

Mattapan's existing social service delivery system is composed of at least thirty distinct organizations ranging in size and diversity. Two of the largest and highest rated service organizations include Mattapan residents among their consumers, though they are not located within the Mattapan geographic boundaries. Excluding the hospital facilities and the City services in the Mattapan area, most of the remaining service organizations provide limited, specialized services and are scattered throughout the Mattapan neighborhoods of Wellington Hill, Eastern Mattapan and Western Mattapan. Southwestern Mattapan has few if any service organizations within its boundaries.

There is a general lack of knowledge about these more limited, specialized service agencies and Wellington Hill is the only neighborhood where at least one out of every two residents knows of a neighborhood health center in Mattapan. Thus one clear avenue of improvement seems to be in the agencies singly or jointly developing a program to inform residents in the community of their existence, location, program, requirements, capacity and costs (if any).



Agency newsletters and other media packages could be prepared which present the organization to the public. More attention could be given to signs and graphics outside the agencies which provide more visual evidence of their existence. This approach would seem to be most necessary by agencies operating out of a renovated physical plant. In addition to various media and visual approaches, the agencies need to let the public know how to get to them to receive services or information. In instances where a service organization is not located close to one of its less mobile client groups, perhaps a mini-bus program could be developed which provides more personalized service to the facility.

The agencies also need to have a better idea as to where the consumers are who are most likely to use their services. In this way any media program or mini-bus system can be directed to a more specific audience and thus be more efficient and cost-effective. The tables depicting data derived from the 1977 household survey<sup>18</sup> can be used as an

---

<sup>18</sup> These tables do not exhaust the amount of information available on computer printouts from the 1977 household survey. Tables in this report are primarily those that point up need categories in Mattapan in various human service areas. For agencies interested in other information, please consult the household questionnaire in Appendix A to determine if that particular information is available. Computer printouts with the full range of household data will be available for inspection and use at Public Facilities Department, Boston Urban Observatory or Survey Research Program.

initial base for determining where needs and/or groups exist for particular services. In this way an agency with elderly services, or day care services, can identify the areas with the greatest needs and/or target population concentrations and plan their approach to these potential consumers accordingly.

If an effective program can be developed which increases the knowledge of existing agencies and the programs are made more accessible to those most in need of the services, then the agencies must turn their concern to whether their current and projected capacity can handle a possibly increased service-load. The need for a range of human services seems to be in evidence through resident and leader responses. The current service capacity in Mattapan does not seem capable of handling an increased service load. For example, there is a need for around 160 day care slots. The current capacity of about 200 seems to have fairly well-exhausted the current facilities. To meet this need within the context of existing agencies, some expansion will need to take place. In terms of service modification, there is a need for improvement in the youth services programs, perhaps adding more planning and structure to on-going programs or adding programs which can address delinquent-prone youth such as supplementary education, job and training assistance, social services and recreation to

the already existing youth-service agencies.

Thus the methods of media, signs and visuals on agency exteriors, mini-busses and increased capacity through service expansion or modification should be included in any program of improving the existing agencies. There are costs associated with this approach. These costs are in terms of media expenses, exterior fix-up expenses, expenses for a mini-bus network; personnel and non-personnel costs related to increased capacity. The service agencies in the existing system are either private or public non-profit organizations. Organizational research in the area of non-profit organizations points out that increased financial input into non-profit organizations does not necessarily increase their effectiveness and efficiency.<sup>19</sup> Thus the additional costs

---

<sup>19</sup> See for example, Robert R. Alford, "Interorganizational outputs: Case studies of Health Care in New York City," Center for Policy Research Monograph, 1971; David Rogers, The Management of Big Cities, Sage Publications, 1971; Bernard Bass, Organizational Psychology, Allyn and Bacon, 1965; Center for Policy Research, "Interorganizational relationships and consequences of the health system in an urban area", October 1974; Amitai Etzioni, "Authority structure and organizational effectiveness", Adm. Science Quarterly, 1959a, 4; "Two approaches to organizational effectiveness", Adm. Science Quarterly, 1960, 5; Philip S. Hart, "Problems in organizational renewal", East Lansing: Michigan State University, unpublished Phd. dissertation, 1974; A.S. Tannenbaum "Organizational effectiveness in a voluntary organization", American Journal of Sociology, v.67, 1967; James D. Thompson, "Organizations and output transactions", American Journal of Sociology, v.68, Nov. 1962b; Organizations in Action, McGraw-Hill, 1967; Christopher Sower and Paul Miller, "The changing power structure in agriculture: an analysis of negative versus positive organization power", in James H. Copp(ed.) Our Changing Rural Society, Iowa University Press, 1964; Mayer N. Zald, Organizational Change, University of Chicago Press, 1970; and Herbert Kaufman, The Limits of Organizational Change, University of Alabama Press, 1971.



necessary to improve the existing social service delivery system do not necessarily guarantee improvement in service effectiveness and efficiency.

Increased knowledge, visibility, accessibility, capacity, efficiency and effectiveness should thus be primary objectives in any program to improve the existing delivery system. It is also important to consider one of David Rogers' findings in his three city study of delivery systems. Rogers' findings indicate that the delivery system for any development program tends to mirror the wider power structure of the city. Further, the federal government's funding patterns play a significant role in effecting inner city delivery of services, mainly by increasing the pluralism of organizations and decreasing the likelihood that they can be effectively coordinated. Applying these findings to improving Mattapan's human service delivery system suggests that Mattapan's political status relative to other neighborhoods is a key factor and that this system will function as a reflection of Boston's wider structure of power. The infusion of federal funds into

---

(footnote cont'd)

These studies point out that in non-profit organizations, a central technical problem for both the organizational researcher and the practitioner is how increased input makes for more efficient and effective output.

the delivery system of Mattapan and Boston suggests, according to Rogers, less of a likelihood that the service organizations can be effectively coordinated.

Improving the effectiveness and efficiency of the existing delivery system can be approached through such measures as management and staff training programs, the design of better intake and record-keeping systems, better information and referral systems, the centralization of particular services and proposals to reduce the cost to the consumer for service utilization. There also needs to be attention given to a Mattapan-oriented community organization and advocacy function. The community organization capacity of the Mattahunt Community School and the Mattapan Little City Hall could be increased. However, given the municipal budget problems it is doubtful that either of these two agencies can meet this need. Further, a Mattapan-based agency needs to develop an advocacy function. A private, non-profit organization is more likely to be successful in carrying out this function than is an agency funded wholly through the municipal budget. In this regard, Mattapan-based agencies may want to revive the notion of a Mattapan-Inter Agency Council to act as an advocate body.

Those service areas which seem to be least well-addressed by the existing delivery system are socialization and



character development, senior citizen's programs, family counseling, alternative education, continuing education, drug/alcohol, residential youth, land utilization and community organization. In several instances agencies are offering these services, but need to enhance their capacity, efficiency and effectiveness. In other instances there are limited programs, or in the case of a residential youth center, no program at all. Increasing the capacity implies the ability to secure more funds for program or facility expansion. Enhancing agency efficiency and effectiveness implies improved management and administrative techniques to try and get more for the same or for less. An increase in grantsmanship skills to facilitate program expansion along with increased efficiency and effectiveness should be the goals of individual agencies as well as for the delivery system as a whole.

Estimated costs for improving the existing delivery system should take into account at least the following items:

- |     |                                |           |
|-----|--------------------------------|-----------|
| (1) | Personnel costs                | \$200,000 |
| (2) | Training costs                 | 45,000    |
|     | a] Management/Administration   |           |
|     | b] Grant/contract development  |           |
|     | c] Advocacy                    |           |
|     | d] Research                    |           |
|     | e] Public relations            |           |
| (3) | Non-personnel costs            | 500,000   |
|     | a] Media                       |           |
|     | b] Exterior visuals and fix-up |           |
|     | c] Mini-bus system             |           |

(Forward) 500,000

d] Miscellaneous supplies, etc.

e] Facility expansion

Estimated Total Costs \$745,000<sup>20</sup>

Funding for these estimated delivery system improvements costs could come from Community Development Block Grant monies, local and national foundations, State and Federal agencies, agency fund-raising events, university programs and private industry. Individual agencies could map out their own needs and approach improvements singly, or the group of agencies could come together through a central coordinating body and approach improvements collectively as a delivery system. Earlier it was suggested that a Mattapan Inter-Agency Council be established with membership being drawn from Mattapan-based agencies. Such a council could be incorporated as a non-profit, private corporation set up to receive funding and disseminate the funds to the respective agencies. A

---

<sup>20</sup> Some of these costs would be one-time expenses, so an estimated annual improvement budget would probably be closer to \$325,000. A five-year plan for improving the existing delivery system would include the following estimated costs:

a] Initial improvements	\$ 745,000
b] Annual improvements(4 years)	<u>1,300,000</u>
Total	2,045,000
c] Coordinating Council(5 years)	<u>200,000</u>
Total	\$2,245,000

council such as this would entail additional overhead costs for its funding pass-through and potential advocacy role. This would probably add an additional \$40,000-\$50,000 to the estimated annual improvement costs.

An agency such as this trying to serve a broker, advocacy and coordination role could run into serious political problems within the community which may negate its potential benefits. Without such a coordination body, the Mattapan-based agencies should probably address the estimated initial improvement costs of \$745,000 and the estimated annual improvement costs of \$325,000 on an individual basis where necessary and on a coordinated basis where this approach seems called for. A five-year plan for improving the existing delivery system with the agencies acting singly would cost an estimated \$2.0 million. The estimated costs with a coordinating body are closer to \$2.2 million.

The existing delivery system can stand some improvement. There are important unmet needs, gaps in service, lack of knowledge about existing services, insufficient capacity, lack of accessibility and in some instances inefficient and ineffective operations. Improving such a system has its costs which must be borne by someone. At this point it seems as if the consumer is bearing the brunt of the costs.

### Creating a New Facility

Three sites are recommended for review in creating a new multi-service facility in Mattapan. Two are renovated school buildings and one is new construction on a site near the Walker Playground on Mildred Avenue. The Tileston School on Babson Street is one school site recommended for recycling as a multi-service center. This physical plant is owned by the School Department and is no longer used as classroom space. The second school site suggested for recycling as a multi-service center is the Baker-Logue School on Walk Hill Street. This vacant facility is in the hands of the Public Facilities Department. The two school sites are in public hands, while the land adjacent to the Walker Playground is in private hands.

Constants in the development of each site are the complement of services, staffing pattern, start-up costs, operating costs and building costs. A variable factor in each site development is the cost of purchasing or leasing the space from the present owner. The program parameters for each site include estimated start-up and operating costs over five years of around \$1.8 million total. The upper level of capital costs<sup>21</sup> is not to exceed an estimated

---

<sup>21</sup>For the multi-service facility, building costs are not to exceed an estimated \$37.50/SF. For the health center, building costs are not to exceed an estimated \$40/SF.

\$750,000 for the multi-service facility. Included in the development plans are building costs for the neighborhood health center. Program development estimates will be reported as start-up, operating and capital costs of the multi-service facility and of capital costs for the neighborhood health center. It is recognized though that potential funding sources for the neighborhood health center will be distinct from multi-service sources, thus providing a matching arrangement to facility funding. Cost estimates in this joint facility planning process will not include neighborhood health center operating and expansion costs.

Service Demands/Staffing/Budgets

The service demands staffing, special space needs, start-up and operating costs are as follows:

A. Center Functions

1. Direct services by center staff
  - a] Employment
    - (i) Youth
    - (ii) Adult
  - b] Day Care (25 slots)
  - c] Education
    - (i) Youth alternative (K-6, 75-100 slots)
    - (ii) Adult continuing
  - d] Elderly
  - e] Planning/Evaluation
  - f] Outreach
  - g] Information and Referral
2. Direct services by other agencies
  - a] Mattapan Community Health Center
  - b] Legal
  - c] Housing
    - (i) Community Training Dynamics(office)
    - (ii) Housing Improvement Program(office)
  - d] Youth Resource Center(office)
  - e] Community security(Police-Community Relations office)



- B. Community Organization and Advocacy<sup>22</sup>
1. Drug/alcohol programs
  2. Indoor/outdoor recreation programs
  3. City services
  4. Public schools
- C. Staffing-Professional/Sub-professional<sup>23</sup>
- |   |              |
|---|--------------|
| 1. Employment                                   | 2            |
| 2. Day care <sup>23</sup>                       | 4-1/2        |
| 3. Youth Alternative/Adult Continuing Education | 2            |
| 4. Elderly <sup>23</sup>                        | 1            |
| 5. Planning/Evaluation                          | 2            |
| 6. Administrative/Fiscal                        | 4            |
| 7. Outreach                                     | 2            |
| 8. Information/Referral                         | 3            |
| 9. Community Organization/Advocacy              | 2            |
|   | <hr/> 22-1/2 |
| 10. Clerical                                    | 5            |
|   | <hr/> 27-1/2 |
| Total   |              |
- D. Special space needs
1. Day care facility (25)
  2. Elderly facility
  3. Classroom space
  4. Multi-purpose community room
  5. Medical/dental needs of health center
- E. Budgets
1. Years 1 and 2 are seen as planning/development years with an annual budget of \$150,000
    - a] Local foundations, \$50,000
    - b] United Way, \$100,000
  2. In the first two years there is to be a core staff of administration and program development staff mainly:

---

<sup>22</sup> Two approaches to an advocacy function according to Robert Perlman in Consumers and Social Services, Wiley, 1975, are case advocacy and institutional change (see p.82). A planning/evaluation capability better enables an agency to do both case and institutional advocacy.

<sup>23</sup> These services are financeable by public grants. The day care operation can also be fee-based.

a] Administration and fiscal	2
b] Planning/Evaluation	1
c] Outreach	1
d] Information/Referral	1
e] Community organization/advocacy	1
f] Clerical	2
	<u>8</u>
Total	8 <sup>24</sup>
g] Consultant design personnel	TBD

3. After the first two years of planning and program development, the center will grow to the estimated 27-1/2 person staffing with the complement of services noted earlier.

4. The budget after year 2 would be in the \$400,000-\$500,000 range supporting an estimated staff of 27-1/2 workers.

a] United Way	25	\$150,000
b] Outside grants		300,000
c] Other income	26	50,000
		<u>\$500,000</u>

---

<sup>24</sup> The type and number of design consultants needed is to be determined early in the start-up phase of Year I.

<sup>25</sup> Outside grant income could include local foundations (such as members of the Associated Foundations of Greater Boston), national foundations, public welfare, vocational education, CDBG funds, LEAA funds, HEW community education funds, Department of Labor manpower program funds, CETA funds, HUD funds, DOT funds, etc. This outside grant income could be a mixture of public and private sector resources.

<sup>26</sup> Other income could come from fee-based program revenue, private industry, local businesses center fund-raising events and space rental.

5. Thus a five-year plan for estimated start-up and operating costs would be as follows:

a] Year 1	\$ 150,000
b] Year 2	150,000
c] Year 3	450,000
d] Year 4	500,000
e] Year 5	500,000
	<u>\$1,750,000</u>

6. Added to this estimated \$1.75 million start-up and operating cost figure would be the capital costs<sup>27</sup> of an estimated 20,000 SF of new facility space not to exceed \$750,000. An estimated new construction cost of \$37.50 SF would not exceed this figure. The estimated total start-up, operating and new construction costs for a five-year multi-service program would thus be around \$2.5 million.
7. With site renovation, the estimated capital cost is \$25 SF. For an estimated 20,000 SF of service space needed, estimated renovation costs would be \$500,000. The estimated total start-up, operating and renovation costs for a five-year multi-service program would thus be around \$2.25 million.
8. Capital costs<sup>28</sup> for direct services provided by the neighborhood health center at an estimated \$40 SF<sup>29</sup> for \$10,000 SF of space would be an estimated \$400,000.

---

<sup>27</sup> Possible sources for these costs include public works funding, Urban Development Action Grant funding, HUD neighborhood facilities grants, private foundations and private corporations.

<sup>28</sup> Possible funding sources for neighborhood health center capital costs include the George Robert White Fund or the Federal Hill-Burton Act which provides money for construction of hospital and health care facilities.

<sup>29</sup> The estimated \$40 SF capital cost for neighborhood health center space needs is kept constant for both new construction and renovation. The actual renovation cost is probably lower.

9. Total estimated costs for joint facility planning excluding the neighborhood health center's operating costs would be between an estimated low figure of \$2.65 million for a renovated building and an estimated high figure of \$2.9 million for a new building.
10. The capital cost figures do not include the spatial requirements for direct services by other agencies other than the neighborhood health center. Nor do the cost figures include possible site acquisition estimates. Estimated total multi-service/health facility space requirements are for 30,000 SF.

#### Summation

The estimated costs for multi-service center development are \$2.25 million to \$2.5 million over five years as compared to estimated service improvement costs of \$2.0 to \$2.2 over five years. Estimated total joint facility costs are between \$2.65 million to \$2.9 million for five years, excluding health center operating and service expansion costs. It will thus cost an estimated \$50,000 to \$500,000 more over five years to create a new facility than to improve the existing delivery system. It will cost an estimated \$450,000 to \$900,000 more to create a joint multi-service/health service facility over five years than to improve the existing delivery system.

Possible sources seem to exist which can fund the start-up, operating and building costs of a multi-service center. A multi-service center with a projected staffing of 27-1/2



persons with an annual operating budget of \$500,000 would be a leaner organization than either the Lena Park Community Center, Alianza Hispana or the Harriet Tubman House. Funding sources also seem to exist which can support a 7,000-10,000 SF health center facility as a direct services agency operating out of the multi-service facility. A health center facility of this size represents a 3,000-6,000 SF expansion over its current quarters.

A multi-service center could either purchase or lease a site from its owner. It would probably be preferable for a proposed center to own the land and building thereby serving as the building manager. This would mean that space leased to other direct service agencies could be an additional source of income and the corporate entity could build up equity in the land and building. This arrangement would also entail costs for managing the property, insurance, maintenance and paying off a mortgage note if there is one. By leasing an estimated 10,000 SF<sup>30</sup> of space to other direct service agencies at around \$3.25/SF, the center could realize an estimated annual rental income of \$32,500. Estimated annual building operating costs would be around \$10,725, thus yielding an annual net rental income of an estimated \$21,775. This net income could be directed to beefing up direct service capabilities, planning, research, community

---

<sup>30</sup> See Appendix E for the section with "A Note on Rental Income".



development projects, building maintenance or to help pay off the debt service on the land and building.

The center should investigate media utilization in order to project the organizational image to the public and it should also look into operating a mini-bus system. Relative to media utilization, center staff may be able to receive release-time in order to take an agency communications planning course now being offered jointly by the College of Public and Community Service and the Center for Media Development of the University of Massachusetts-Boston. A mini-bus system will be more necessary if the Baker-Logue School were the site since it is the least accessible of the three proposed sites by public transportation. Some type of mini-bus service may be essential at any of the three sites to particularly serve the elderly consumers, the day care center and the younger children in the alternative education program.

The day care program should serve no more than an estimated 25-30 children. Such a center should be directed to at least two of the four priority day care needs and be cognitively oriented as well as a custodial facility. The day care facility can also serve as a technical assistance and training outlet for other area day care centers and for those individuals or groups interested in establishing

a licensed day care center to serve the remaining estimated need for 135 day care slots.

The alternative education program should be a K-6 facility with a maximum enrollment of around 100 children. The continuing education program should have courses which can enable adults to obtain their high school equivalency, do work on a college degree or to enhance their employment skills. The elderly program should provide a drop-in and social center. It should also provide organized activities including the possibility of doing volunteer work with various center programs.

The information and referral unit should be effectively trained and staffed to deal with priority needs like emergency help and special health programs. The employment service should provide employment counseling, job development and career counseling to both adults and youth. An outreach function should be able to effectively identify groups in need of particular services who cannot reach the multi-service center and see to it that the needed services can be brought to those groups or individuals. The community organization and advocacy component should be able to effectively organize groups around community issues and to advocate on behalf of Mattapan interests in relation to drug/alcohol programs, recreation programs, city services

and public schools.

The institutional model which will probably best serve a multi-service center is a private, non-profit one. In this way the center can act as an independent agent and more effectively lobby on behalf of the Mattapan community. In addition, operating as a private, non-profit organization opens up the range of funding support which the agency can seek.

The agency board of directors should be composed of providers and consumer of human services with perhaps there being a slight consumer majority. It is also recommended that the majority of board members be from the Mattapan community, outside membership should not be excluded, but rather limited. Organizational disasters have occurred in local multi-service centers when they attempted board elections by service area residents. Such precedent should be carefully considered in developing an election procedure for board members. The board of directors should orient itself to policy and program issues and to budget approval within board-established criteria. The board should stay out of staffing and detailed contract decisions outside of hiring an Executive Director and providing guidelines for contract approval. The board, through the Executive Director, should provide ways for community workers in the center to

achieve upward mobility in the organization. Further, the board, once established, should determine whether the Executive Director should be a Mattapan resident. There are pros and cons to this issue. The agency should orient itself to achieving both external community control at the board level and internal community control at the staff level.

The multi-service center should orient itself to providing effective services to the community, playing a leadership and advocacy role, developing effective liaisons with other agencies and communities and documenting and publicizing its accomplishments. Through such efforts the center can enhance its status inside Mattapan and outside Mattapan.

The agency should also plan a staff and board training program before the center opens. Areas a staff training program could focus on might include management/administration, leadership training, community analysis, working with people and groups, sensitivity training and social skills and awareness. A board training program should focus on group dynamics, parliamentary procedures, advocacy and lobbying techniques, decision-making and issues related to board roles and functions in an operating agency.

Finally, in terms of joint facility planning with the



Mattapan Community Health Center it is recommended that the two agencies remain autonomous from each other. That is, the health center should maintain its own board and independent status as should the proposed multi-service center.

The preferred site development alternatives taking into account agency, household and leader site location criteria and related feasibility cost factors is as follows:

1. The development of a newly-constructed facility adjacent to the Walker Playground on Mildred Avenue.
2. The development of a renovated facility in the Tileston School on Babson Street.
3. The development of a renovated facility in the Baker-Logue School on Walk Hill Street.

Alternates 1 and 2 are both preferred to alternate 3.

The new construction site alternative is more expensive, it might be more difficult to purchase from its private owner, but it also offers expansion possibilities. The Tileston School would be less expensive and perhaps less difficult to secure from its public owner, but it offers a little less in the way of expansion possibilities. The estimated spatial requirements for a multi-service center (with direct services, administration, planning, outreach, community organization, advocacy and support staff) and a health center (with medical, dental, mental health and social services) would be approximately 30,000 square feet (SF). The Tileston School with an estimated 30,000 SF will be



adequate for a multi-service and health center capacity. Direct services by other agencies would be possible by developing vacant land adjacent to the school which could accommodate up to an additional estimated 25,000 SF. Thus the direct services by other agencies suggested in A. 2, b,c,d,e (see p.35 ) have little likelihood of being offered in the Tileston School site without new construction. The Walker Playground site is an estimated 90,000 SF of space and facility development here suggests more of a likelihood of offering the full complement of direct services by the multi-service center, community organization and advocacy and direct services by other agencies including the health center.

The following table provides a summary of the alternatives considered by estimated five-year costs. These figures<sup>31</sup> do not include site acquisition costs or costs to provide direct services by agencies other than the health center. Estimated costs for acquiring the Mildred Avenue site of \$4.00/SF would be \$360,000. Estimated costs for constructing 10,000 SF of space for other direct service agencies would be \$375,000 (at \$37.50/SF). With these estimates, a newly constructed joint facility with multi-services, health services and direct services by other agencies would total an estimated \$3.64 million over five years. Estimated costs

---

<sup>31</sup> See Appendix E for the "Cost Ranking" which includes estimated acquisition costs.

TABLE I-I

<u>Alternative</u>	<u>Estimated 5-year Costs</u>	
Improve existing system	\$2.0	million
Rental of 20,000 SF of space for multi-service center only (no health)	2.13	"
Improve existing system with coordinating body	2.2	"
Rental of 20,000 SF for joint facility	2.24	"
Renovated facility	2.25	"
New facility	2.5	"
Renovated joint facility	2.65	"
New joint facility	2.9	"

for an addition to the Tileston School of 10,000 SF would be \$375,000(at \$37.50/SF). Total estimated costs for a joint facility at the Tileston School with multi-services health services and direct services by other agencies would be \$3.14 million over five years. Estimated costs over five years for a new facility with just multi-services would be \$2.86 million. Estimated costs over five years for a renovated facility with just multi-services would be \$2.36 million. These same cost estimates for a joint facility with multi-services and health services would be, \$2.76 million for the Tileston School; \$3.26 million for the Mildred Avenue site.

Each alternative has its strengths and weaknesses in addition to cost considerations. The alternative selected should be oriented to meeting unmet needs, providing more

effective and efficient service delivery, expanding the existing service capacity, providing a community organization and advocacy function and in general making Mattapan a better place to live.

#### Implementation Strategy

A bridging mechanism is needed between the study recommendations and a program to implement the recommendations. An implementation program needs to be developed if the community thinks the study recommendations are consistent with its norms and goals. Possibly 4-5 members of the Project Advisory Committee can act as the core of community people to serve this bridging function.

Any implementation program and strategy needs to take into account the City of Boston's reluctance to commit operating costs or capital costs to this project. Possible sources have been identified in the report for operating and capital costs which do not touch the City budget (either the operating budget or the capital budget). If an implementation program can be built around these non-City budget sources, then it is more likely that city support for the project will be forthcoming and that the proposed agency can indeed be an entity independent from municipal manipulation. To reiterate, any implementation strategy must recognize that the City is very reluctant to expend monies from its

operating or capital budget to this project.

Convincing the City to commit funds from either its operating budget or its capital budget to this project is partially a function of Mattapan's political status and political clout at City Hall. Mattapan has good representation in the State Senate and the State Legislature; however, these elected officials have limited influence in City Hall. Mattapan has little strength in the City Council or the City Administration. However, Mattapan's rate of homeownership is approximately 2-1/2 times the city-wide homeownership rate, thus the Mattapan community as a whole is paying property taxes at a rate which is larger than the city-wide average, and larger than many other Boston neighborhoods. Property taxes are the largest revenue source supporting the City operating and capital budgets. Thus, the Mattapan community should expect some return<sup>32</sup> in City services and City support of funds from at least the capital budget for portions of this project, perhaps in a matching arrangement. Whether such City funds are forthcoming for this project is partially a function of the Mattapan community's degree of

---

<sup>32</sup> The City of Boston has of course made capital expenditures in Mattapan recently which cannot be overlooked, like the Mattahunt Community School, and in Mattapan Square. The point is that the City should be open for negotiation in terms of capital funds for the project and not close the door on this possibility entirely.



organization and political clout.<sup>33</sup>

---

<sup>33</sup> There is often a partial correlation between an area or a neighborhood's political status and the actual public service delivery quality to that area or neighborhood. Political status can refer to numbers of registered voters and the rate of voter turnout in various elections (local, state and federal), two measures which when taken together can be an indicator of electoral participation by the area or neighborhood. Elected officials from the area can provide another type of political status for an area or neighborhood. Voting a particular way in an election can also lend political status to an area or neighborhood, especially if the area or neighborhood provided a key margin of votes for a winning candidate.

Public service delivery quality refers to city, county, district, state, regional and federal levels' capacity, interest; and willingness to provide at least an adequate range and quality of service to the taxpayer. Mattapan public services are primarily provided by the City of Boston and the MBTA. Nine of ten Mattapan households feel public services or facilities need improvement. Four of ten community leaders are either not too satisfied or not at all satisfied with services or facilities provided by the City and MBTA. Important issues for Mattapan to consider would seem to relate to whether these attitudes and opinions would reflect the actual public service delivery quality in Mattapan and if so, then how can Mattapan increase its political status at the City level and within the MBTA in order to further improve public services.

Related developments in terms of public investments which can provide some measure of either Mattapan's political status, need, or geography, are the \$600 million SouthWest Corridor land and transportation project and the proposed City of Boston "Boston Plan". Mattapan will receive only secondary improvement benefits from either of these on-going or proposed projects and plans. Neighborhoods receiving primary improvement benefits from the SW Corridor project are Roxbury, South End, and Jamaica Plain. The anchor boundaries for the proposed "Boston Plan's Blue Hill Avenue planning and redevelopment process extend from the proposed \$8 million CrossTown Arterial Street and the proposed \$12 million CrossTown Industrial Park near Boston City Hospital and the SE Expressway, to Grove Hall. Primary benefits from the proposed Blue Hill section of the "Boston Plan" will go to Roxbury, South End and North Dorchester.



Goals and Objectives of Mattapan Multi-Service Center

1. Comprehensive array of human services and advocacy interests implied by a broad definition of human need and by a commitment to a total range of services and advocacy through a responsive structure and delivery system that is geographically and financially accessible to its population.
2. Center is family oriented, reflecting the understanding of the governing board and staff that residents are members of families from which they derive strengths and weaknesses and which continue to affect their well-being. Since the family is viewed as an important resource for reinforcing positive attitudes and diffusing crisis, the center team can be most effective by serving entire families. In this way center staff members can coordinate their services to individuals in a rational way, thereby avoiding fragmentation and overlapping of services, and tailoring services toward individuals that are consistent with the family's overall needs.
3. Team approach is the basic delivery system as reflected in the collaborative efforts of team members. Through an interdisciplinary team, each staff member will bring a slightly different perspective that reinforces the relationship between the family and the center. Central to the team

approach will be a problem-oriented charting system and regular team conferences to share and obtain information about new clients or changing circumstances. The collaborative philosophy will also be implemented in staff members' use of each other as consultants.

4. The center is perceived as the joint responsibility of those being served and those providing the service.

Center users will be encouraged to take responsibility for their own needs and for reshaping their own support systems, wherever possible within the family and community.

5. The neighborhood is the context in which users and the center co-exist along with other institutions with which they interact - schools, hospitals, recreational, social service, and health agencies. The center depends on its collaborative arrangements with other community resources to reinforce, extend and supplement those human needs and advocacy interests that can be stimulated but not provided for directly or entirely through center services.

6. Members of the governing board and staff serve as change agents as they cooperate, communicate and collaborate with other members of the community.

## BACKGROUND

During the first phase of Community Development Block Grant(CDBG) funding in the City of Boston, the Mattapan community at CDBG neighborhood meetings expressed a desire to have a multi-service community center considered for Mattapan. The City, through the Office of Community Development(OCD) decided to allocate an amount up to \$50,000 to conduct a study to determine if such a facility was feasible and desireable.

A screening committee composed of Mattapan residents, agency personnel and city employees, was then organized to select a study team to carry out the feasibility study. This screening committee was selected as a sub-committee from an Ad-Hoc group of forty-four(44) members which was concerned with Mattapan community issues.

The Public Facilities Department(PFD), as the contracting agency of the City, issued a Request for Proposal(RFP) and received a substantial number of responses. The screening committee, after many months of deliberation, selected the Boston Urban Observatory(BUO), University of Massachusetts/Boston, as the agency to conduct the feasibility study. Project Director for the study was Prof. Philip S. Hart of the College of Public and Community Service. Joseph S. Slavet, BUO Director, was the project consultant; the Survey Research

Program, of UMass-Boston, supervised the household survey phase, under the direction of Dr. Thomas W. Mangione. Also participating were the Community Development Corporation of Boston, a nonprofit, economic and business development agency, and Michael Chu, architect and engineer, who provided technical assistance on site and design criteria for optional facilities, site alternatives and estimated costs.

The initial task of the study team was to review the existing social service delivery system serving the Mattapan community in order to ascertain the capacity and quality of the current system. Self-determination was seen as a key element in the next two study phases. Maximum resident participation was assured through a sample survey of 286 adult residents from Mattapan and through semistructured interviews with neighborhood leaders. The purposes of both kinds of interviews were to secure information on perceptions of needs(health care, day care, youth services, employment and training, etc.), available resources and programs to meet those needs, and alternatives for service delivery. Many of the survey team were residents of Mattapan. Leadership interviews were carried out by a selected group of students attending the College of Public and Community Service, many of them residents of Mattapan, under the supervision of project staff.



The fourth study team task was then to select at least three(3) sites recommended for center development once it became clear from, (a) the current social service delivery system capacity and quality, (b) the index of need as defined by the household sample, and (c) the leadership perceptions of need and feasibility, that there was a need and such a development was desirable.

Included as an important consideration in the service range and infrastructure costs of a Mattapan Multi-Service Center are the financial aspects. Thus a critical element in center feasibility is a financial analysis of services and facility. Further points to be addressed include questions of the type of institutional model, organizational design, staffing, ownership and sponsorship, governance and center status.

The study was seen as a five-month process to determine if such a facility is feasible and desirable. A major assumption in the study process and facility realization was that the City expects to participate little, if at all, in providing operating expenses for such a facility. This implies that other sources of service support must be located if the facility is to be feasible.

The project thus began in community desires and proceeded in such a way as to continue and enhance community input into facility planning. The project is innovative, and can be a case study in community planning for facility development in



collaboration with city agencies and major university technical assistance.

#### Project Advisory Committee

A project advisory committee representing Mattapan residents was also organized to provide oversight to the feasibility study and to review tentative decisions at critical stages of the project.

This nine(9) member advisory group met approximately five times during the project. The committee reviewed work in progress, critically evaluated work products, made suggestions in terms of the scope of work to be carried out and provided an on-going liaison between the project and the Mattapan community-at-large.

The organization of the Project Advisory Committee was an additional step to guarantee meaningful community roles in the planning process. The other critical step in this process of community input into multi-service center planning was the allocation of relatively large resources to the household survey and leadership survey.

Tasks which the Project Advisory Committee assumed during the study project included:

1. Review of household survey questionnaire and procedures for survey work.
2. Identification of participants for the sample in leadership survey.
3. Review of leadership survey questionnaire and procedures.
4. Review of preliminary results and tabulations of household survey data.

5. Review of preliminary results and tabulations of leadership survey data.
6. Participate in center goals formulation.
7. Review of optional models for center service delivery system.
8. Site visit(s) to one newly constructed facility and one rehabilitated multi-purpose community facility serving minority and/or low-to-middle income communities.
9. Review of preliminary drawings, maps, charts, graphs and models from planning/design work.
10. Determination of facility site and design criteria.
11. Review of options for service support.
12. Review of options for construction and/or rehabilitation financing.
13. Review of alternatives for facility sites.
14. Other steps as proposed by the Project Advisory Committee.

The Project Advisory Committee for the study included the following Mattapan residents:

1. Helen Bergen
2. Ramona Edelin
3. Carmen Fields
4. Doby Flowers
5. Al Habersham-Bey
6. Andy Jones
7. Larry Kamara
8. James Vance
9. Debbie Ward

The Public Facilities Department was the contracting agency representing the City of Boston, responsible for reviewing the study at specified stages and for authorizing changes in the time schedule or the scope of work, as delineated below:

1. Public Facilities Department will review the survey design and questionnaire format for both the household and leader studies. Final approval of the design must be given by the PFD Director before data collection can proceed.
2. PFD will review preliminary findings of the

surveys with project staff and Project Advisory Committee members. Written approval of the survey findings must be given by the PFD Director before survey material can be incorporated into the final report.

3. PFD will provide technical assistance in the development of program elements, model options, site and design criteria, sponsorship and operating procedures, and financial considerations.
4. PFD will review the preliminary report draft and recommend desired changes. Upon written approval of the PFD Director, the study team will proceed with preparations of the final report.

The Mattapan multi-service center feasibility study was thus a collaborative effort involving the project staff, project advisory committee, the Public Facilities Department, and the Mattapan community.

## THE DEMOGRAPHIC CHARACTERISTICS OF MATTAPAN<sup>1</sup>

Mattapan is a section of Boston that has undergone major changes in its demography over the past decade. These changes involve an increase in the proportion of blacks and families with lower incomes and a decrease in the proportion of whites and elderly residents.

The pattern of changes happened first in the Wellington Hill area and then the Western and Eastern areas. Incoming residents come mostly from the adjacent areas of Roxbury and Dorchester.

The Western Mattapan area has seen the largest decrease in elderly residents since 1970, a decrease from 23 percent to 1 percent. The Eastern Mattapan area has seen the largest increase in blacks since 1970, an increase from 3 percent to 63 percent.

### Mattapan Today

Mattapan today is not a demographically homogenous area. There are four sub-areas within Mattapan each of which is somewhat different.

Two-thirds of adult Mattapan residents are black. Almost all residents of the Wellington Hill area are black (95 percent) while in the Southwest area about a third of the residents are black. The only area with a notable Hispanic population is Eastern Mattapan (4 percent). Boston as whole

---

<sup>1</sup>See Appendix F for "Tables from Household Survey" for more detailed demographic and community needs data.

is 16 percent Black.

About 60 percent of adult Mattapan residents are married, while one-fifth are single and one-fifth are widowed, separated, or divorced. These proportions are similar in each area. Boston as a whole has 49 percent of its adults married; 33 percent are single.

Mattapan is 36 percent Catholic, 53 percent Protestant and 5 percent Jewish. Wellington Hill is markedly different in that only 10 percent are Catholic and the rest Protestant. Nearly 60 percent of Boston as a whole is Catholic.

Educational levels are similar throughout Mattapan with about 40 percent having high school diplomas and about 37 percent having some college or a college degree, although the Wellington Hill area has slightly more residents with less than a high school diploma. Boston as a whole has more adults without a high school diploma than Mattapan (34 percent versus 25 percent) and less with high school diplomas (29 percent versus 40 percent).

Elderly residents are primarily found in two areas: the Southwest (18 percent) and the Eastern Mattapan area (14 percent). The city as a whole has 15 percent at age 65 or over. Households with children are found in similar proportions (50 percent) in all areas of Mattapan. This is a much higher percentage than Boston as a whole which has 28 percent of households having children.



Home ownership varies across areas. The highest home ownership is found in the Southwest area (65 percent) and the lowest in Wellington Hill (35 percent). Even so, this is higher than Boston as a whole which has only 20 percent of its population owning a home.

The Southwest area and the Western Mattapan area have the highest proportion of long-term residents (28 percent and 36 percent respectively), having lived there for 13 or more years. For Boston as a whole about a fifth of the population has stayed in an area that long.

Family income varies somewhat among areas. The median for the whole area is \$11,250. The Southwest has the highest median income level (\$15,105) followed by Western (\$11,805), Wellington Hill (\$10,830) and Eastern Mattapan (\$9,365). The Eastern Mattapan area also has the highest proportion of families with incomes under \$5000 (29 percent).



A REVIEW OF MATTAPAN'S  
CURRENT SOCIAL SERVICE DELIVERY SYSTEM

Introduction

In the original funding proposal,<sup>1</sup> an ideal functional system of a community's social service delivery system was outlined. If we take that functional system and apply it to the major social agencies serving Mattapan then we can derive a preliminary idea as to service coverage to the community.

1. Medical and Dental  
Avenue Neighborhood Health Center<sup>2</sup>  
Carney Hospital  
Harvard Street Neighborhood Health Center  
Mattapan Chronic Disease Hospital
2. Mental Health and Retardation  
Boston State Hospital Family Care Unit  
Dorchester Mental Health Center  
Lena Park Community Corp.
3. Child Development and Child Care  
Children's World Educational Center  
Fessenden Community Day Care Center  
Hillsboro Nursery Kindergarten  
Lee's Day Care Center  
Wee Toddlers

---

<sup>1</sup> "Feasibility Study for Development of Multi-Service Community Center in Mattapan Section of Boston", proposal submitted to Public Facilities Department, City of Boston, by Boston Urban Observatory, January 15, 1976. See p.9-10.

<sup>2</sup> Now known as the Mattapan Community Health Center.

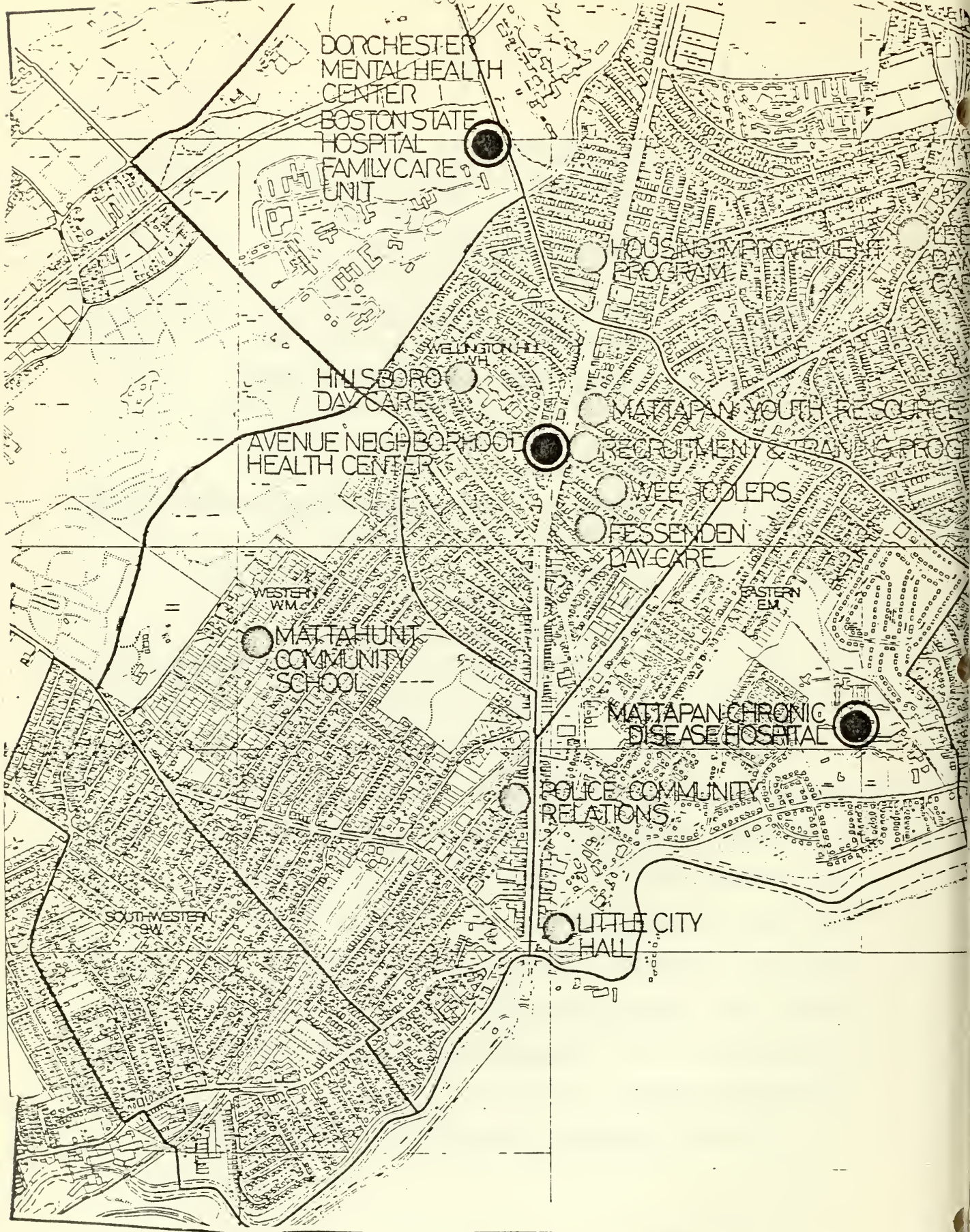
4. Socialization and Character  
Lena Park Community Corporation  
Mattahunt Community School  
Mattapan Police Community Relations  
Mattapan Youth Resource
5. Senior Citizens Programs  
Lena Park Community Corporation  
Mattapan Little City Hall  
St. Angela's Church
6. Family Counseling  
Lena Park Community Corporation
7. Alternative Education Programs  
Lena Park Community Corp.
8. Informal Education Programs  
Lena Park Community Corporation  
Mattahunt Community School  
Mattapan Little City Hall
9. Legal Services  
Mattapan Little City Hall
10. Citizen Security Activities  
Mattapan Little City Hall
11. Employment and Training Services  
Lena Park Community Corporation  
Mattapan Little City Hall  
Mattapan Public Welfare Services  
Recruitment and Training Program
12. Alcoholism Education  
Mattapan Chronic Disease Hospital
13. Residential Youth Center  
Not available in Mattapan
14. Summer Day Camp  
Lena Park Community Corporation

15. Land Utilization  
Lena Park Community Corporation  
Mattapan Little City Hall
16. Community Organization  
Mattapan Little City Hall  
Mattahunt Community School  
Lena Park Community Corp.
17. Service Mobilization and Referral  
Housing Improvement Program Office  
Lena Park Community Corporation  
Mattapan Little City Hall  
Mattapan Police Community Relations Program  
Mattapan Youth Resource
18. Recreation  
Lena Park Community Corporation  
Mattahunt Community School  
(Police Community Relations Program also provides recreational activities as does the Mattapan Youth Resource)

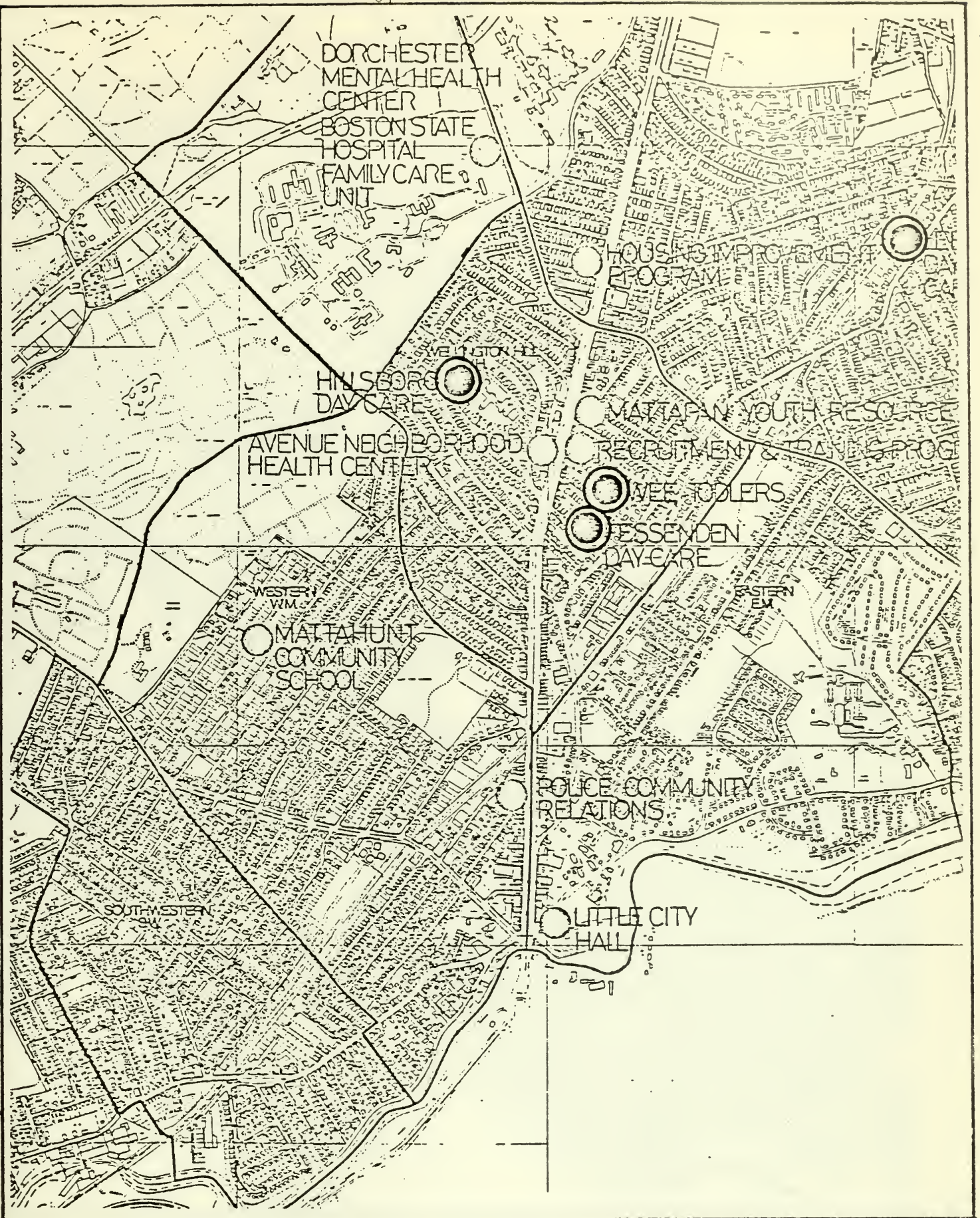
There are approximately thirty (30) distinct agencies which provide a varying service range to the Mattapan community. Some of these agencies are located in Mattapan and others are not. Some of the agencies are accessible by public transportation, car, taxi, or by foot, and others are not accessible. Some of the agencies are more well known than other of the agencies. The above factors all contribute to the utilization or lack of utilization of a particular agency.

From the community agency survey conducted by the

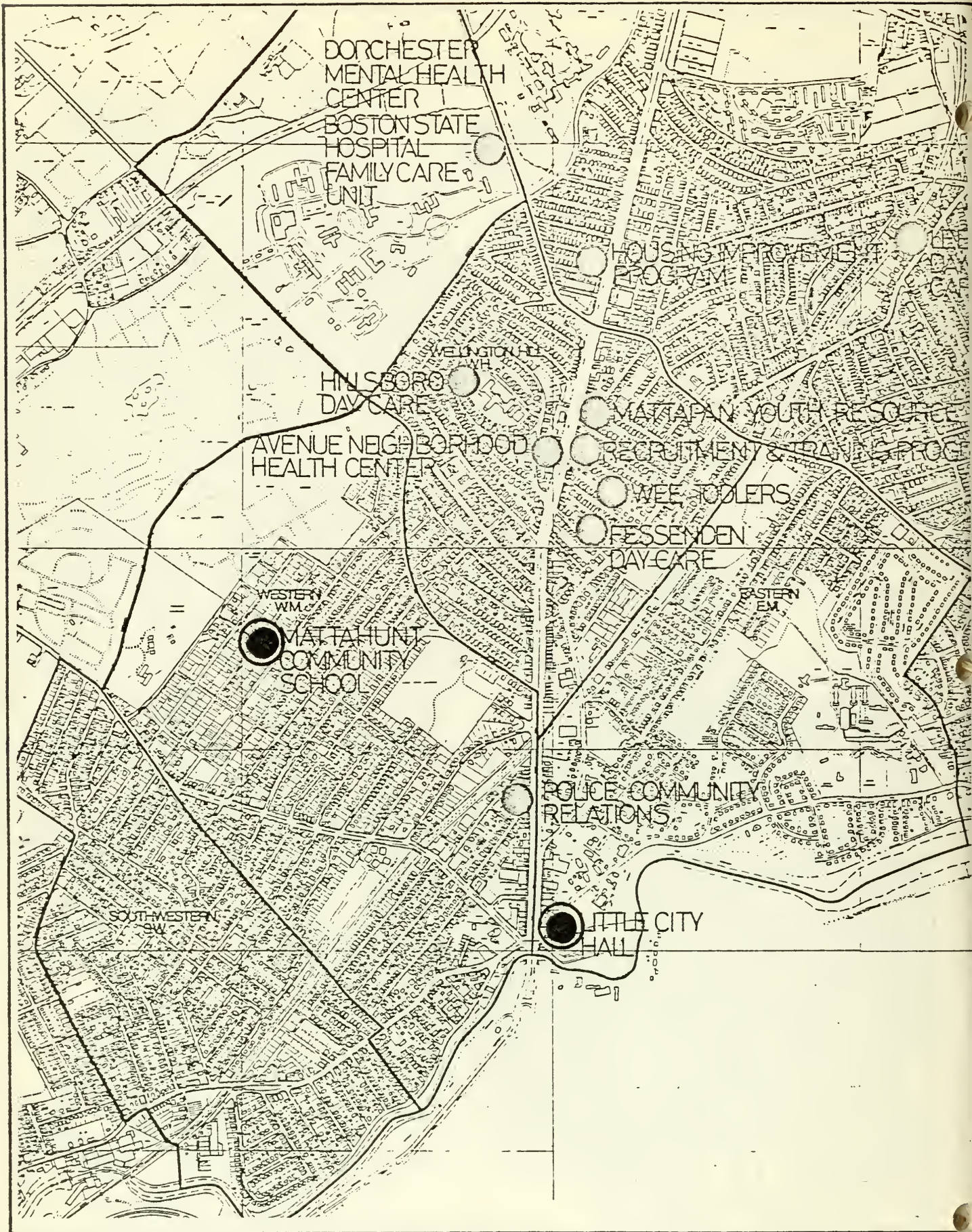




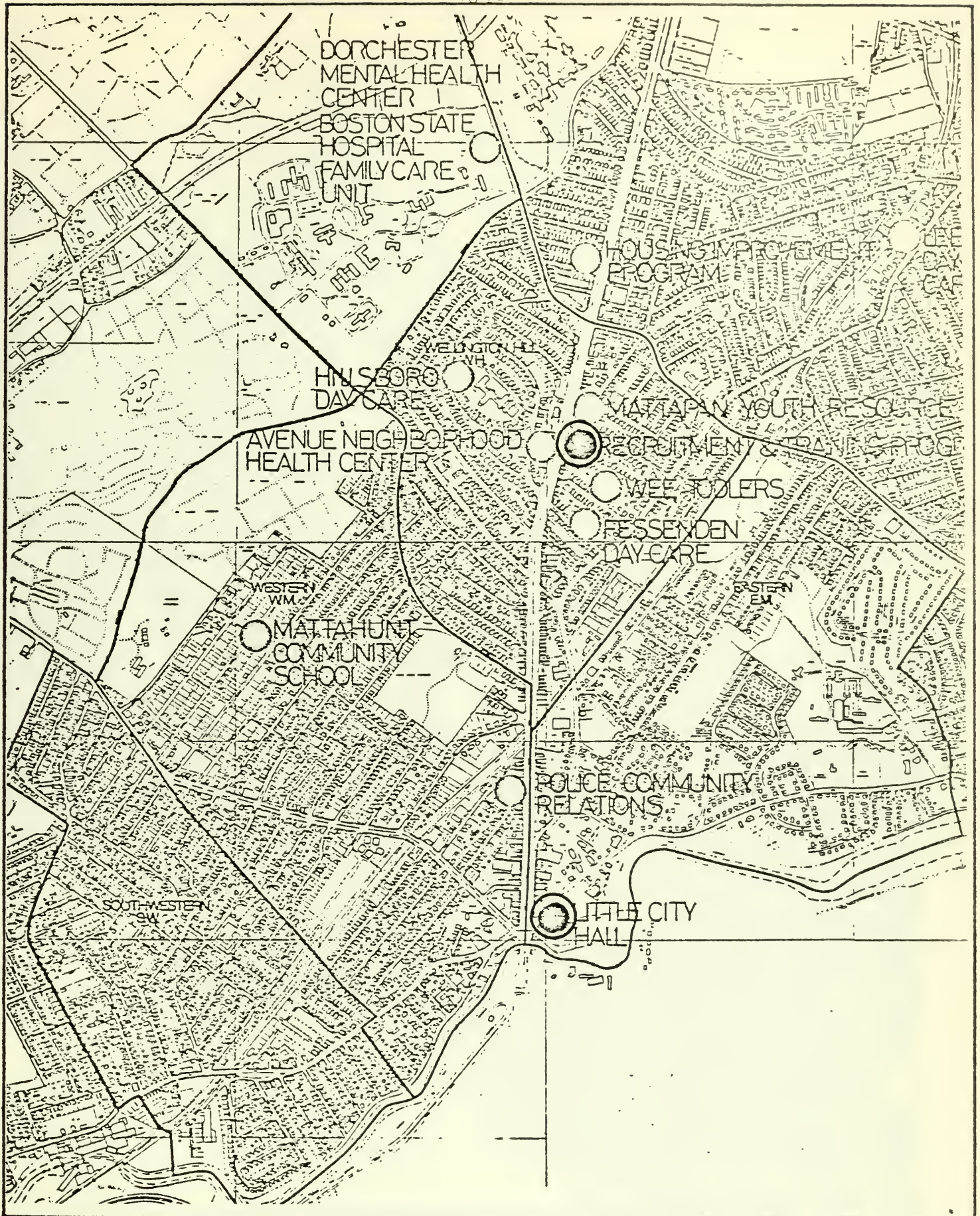




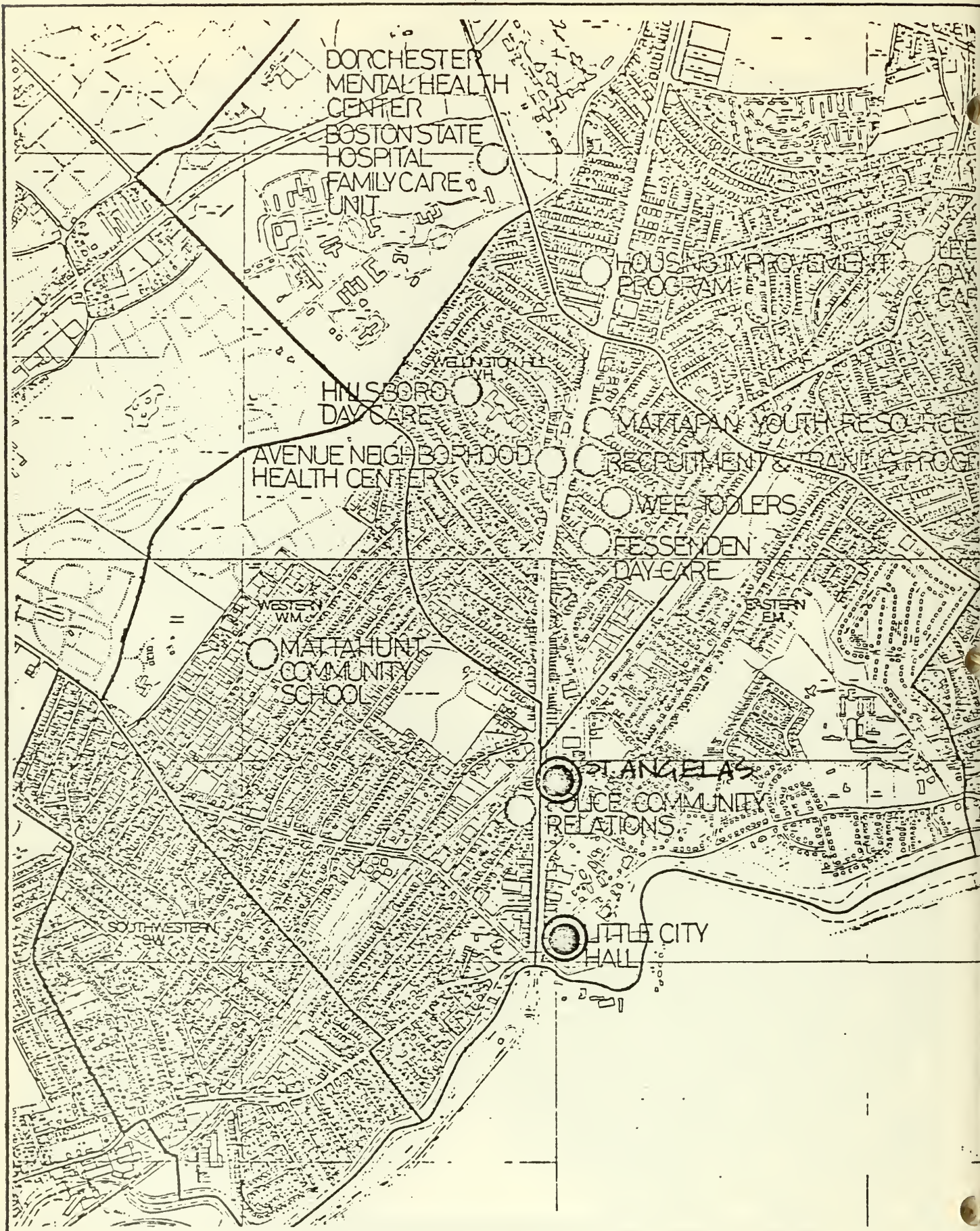




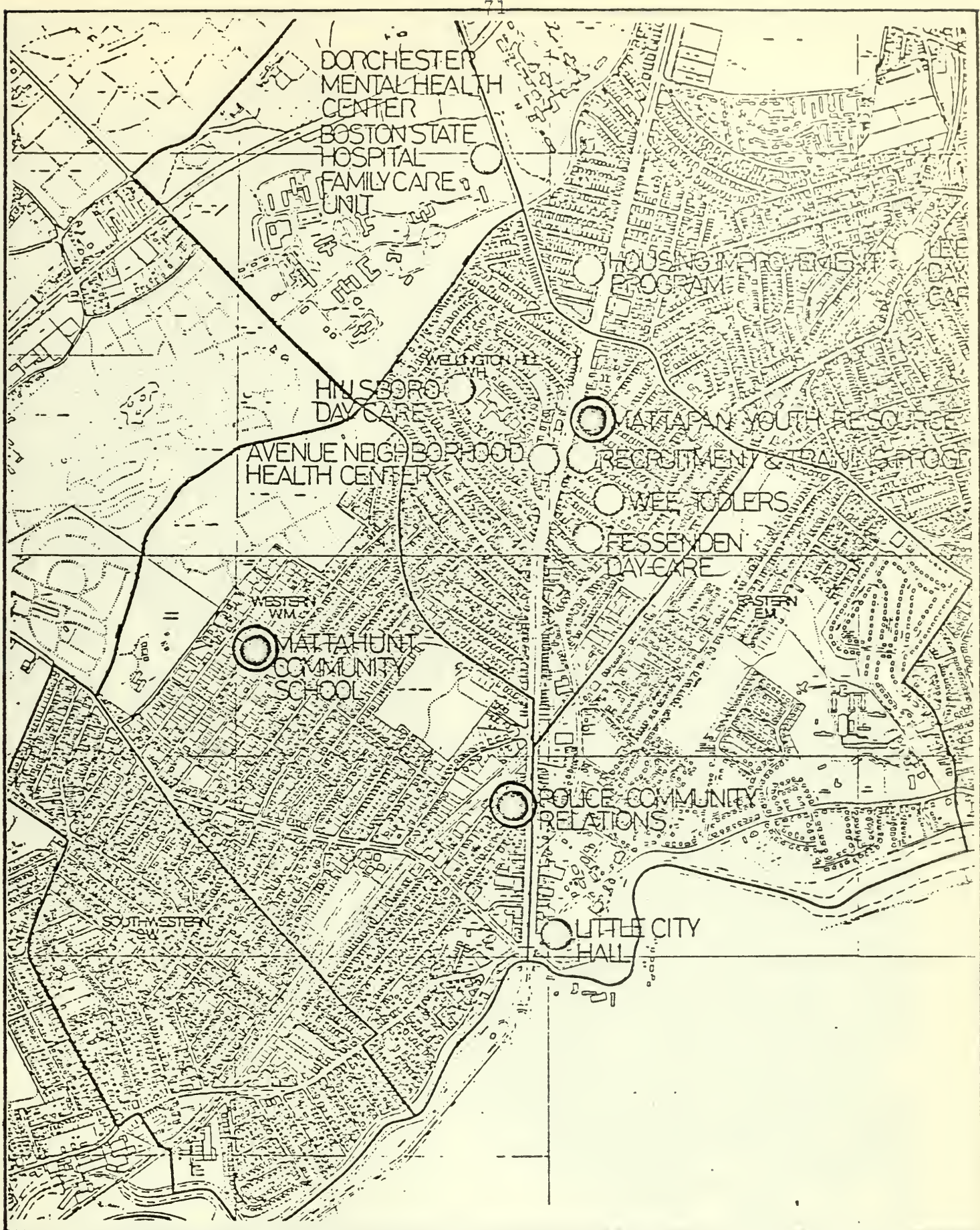




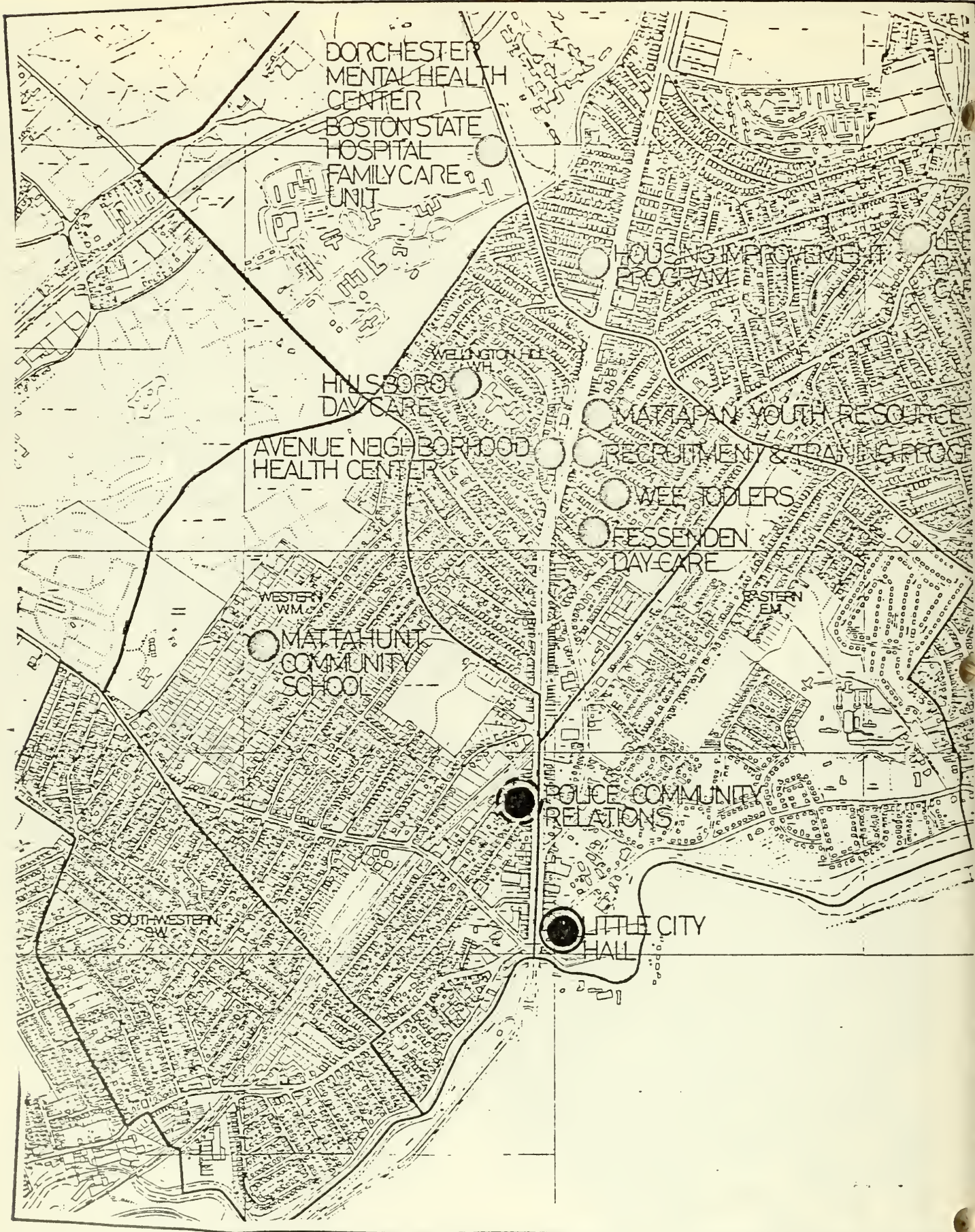




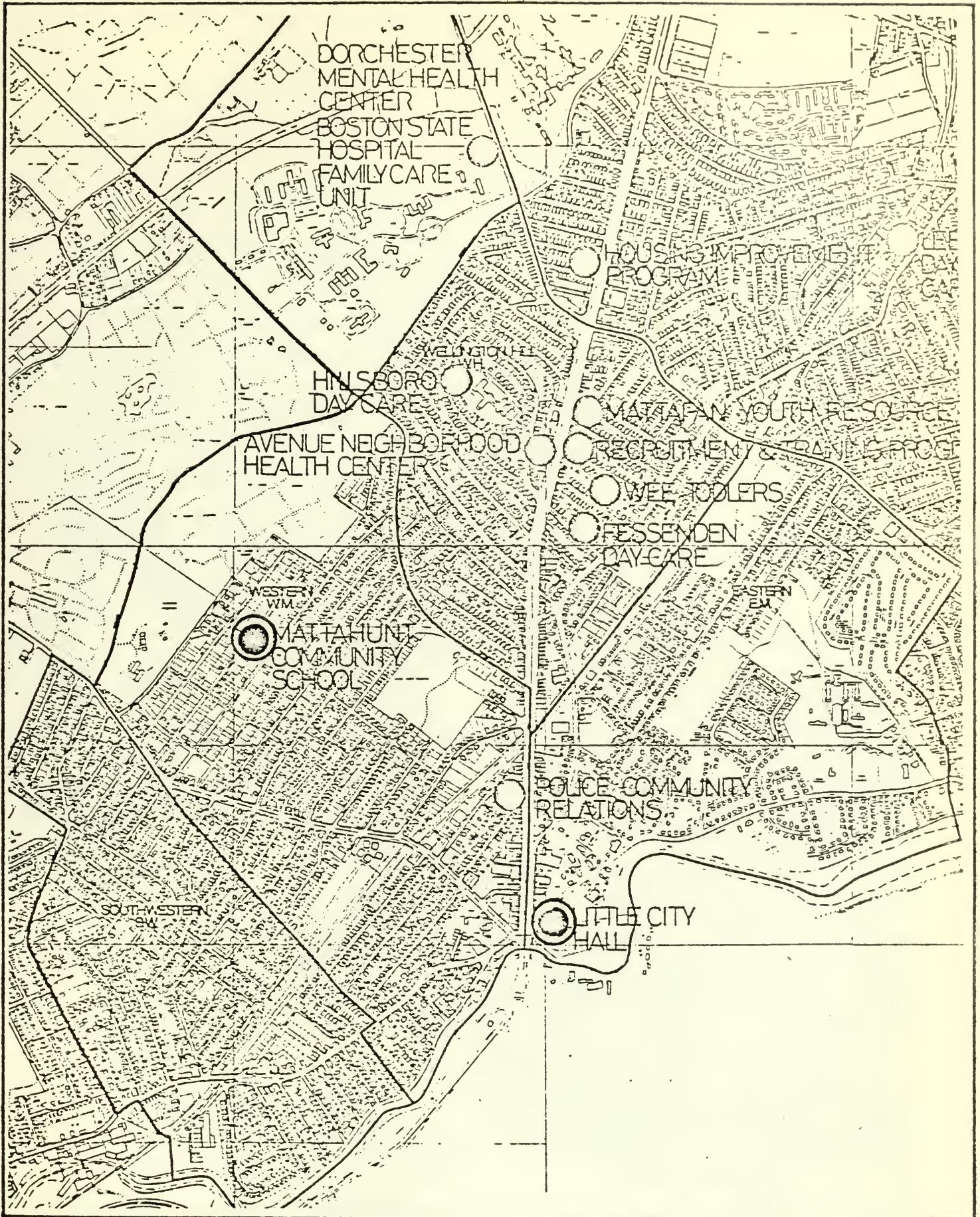




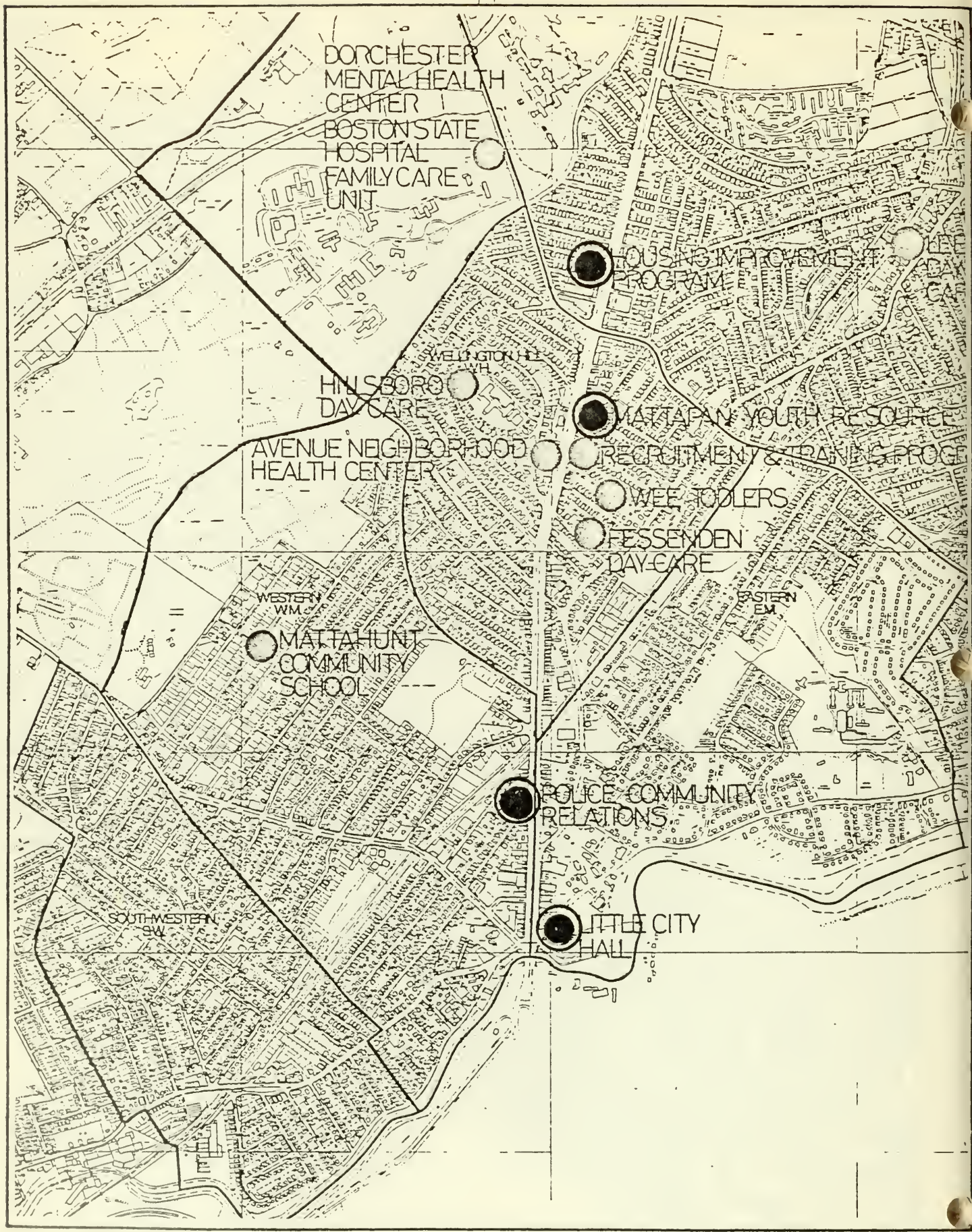














feasibility study team, the following list of agencies are those which seem<sup>3</sup> to be serving the Mattapan community:

Mattahunt Community School  
Lena Park Community Corporation  
Dorchester Mental Health Center  
Family Care Unit, Boston State Hospital  
Mattapan Chronic Disease Hospital  
Harvard Street Health Center  
Avenue Neighborhood Health Center  
Lee's Day Care Center  
Lemuel Shattuck Hospital  
Carney Hospital  
Lena Park Day Care Center  
Children's World  
Wee Toddlers  
Mattapan Police-Community Relations Program  
Mattapan Youth Resource  
Mattapan Little City Hall  
Housing Improvement Program  
Housing Inspection Department  
Boston Police Department District 3  
Parks and Recreation Department  
Mattapan Branch Library  
MDC Swimming Pool and Skating Rink  
School Department  
Mattapan Public Welfare Services  
Recruitment and Training Program  
Help for Children

---

<sup>3</sup>The agencies themselves often do not know exactly what neighborhoods their clientele come from and in what numbers. Thus the study team's attempts to gather exact numbers of Mattapan residents served was not too successful. This points up a need for better intake and record-keeping systems in the agencies.

Mattapan Civic Improvement Association  
Developer's Inc.  
Community Training Dynamics  
Fessenden Community Day Care Center

The Major Service Providers

A more detailed inventory was taken of fourteen (14) of the major service providers to the Mattapan community. This section on social service delivery systems is based on an inventory of the major social agencies which service the residents of Mattapan. The methods utilized in the inventory were (1) semistructured interviews with the directors or representatives of the social service agencies and (2) collection of documentary material, e.g., pamphlets, brochures, and annual reports from these agencies.

The criteria for the inclusion of an agency in this inventory are: (1) the agency must provide service for Mattapan residents though it need not be physically located within the geographical boundaries of Mattapan; (2) the agency, if not physically located within the geographical boundaries of Mattapan, must be located in an adjacent neighborhood (e.g. Dorchester, Franklin Field, Hyde Park, Roslindale); (3) the agency should provide a service or services from the following category of services which are considered as potential program elements in the multi-service center proposal:

- a) Medicine and Dental
- b) Mental Health and Retardation
- c) Child Development and Child Care
- d) Socialization and Character
- e) Senior Citizens Programs
- f) Family Counseling
- g) Alternative Education Programs
- h) Informal Education Programs
- i) Legal Services
- j) Citizen Security Activities
- k) Employment and Training Services
- l) Alcoholism Education
- m) Residential Youth Center
- n) Summer Day Camp
- o) Land Utilization
- p) Community Organization
- q) Service Mobilization and Referral
- r) Recreation;

(4) the agency is known or becomes known to members of the Boston Urban Observatory (BUO) staff; (5) the agency representative facilitates the inventory process through responsiveness to and cooperation with the system of inquiry utilized by the BUO social service agency inventory personnel.

#### AGENCIES

According to these five criteria the following fourteen agencies were included in this summary report:

- (1) Avenue Neighborhood Health Center (now the Mattapan  
1295 Blue Hill Avenue (Community Health  
Mattapan (Center)
- (2) Boston State Hospital, Mental Health Dept.  
Commonwealth of Massachusetts Family Care Unit  
591 Morton Street  
Mattapan
- (3) Carney Hospital  
2100 Dorchester Avenue  
Dorchester
- (4) Dorchester Mental Health Center, Mental Health Dept.,  
Commonwealth of Massachusetts  
555 Morton Street  
Dorchester

- (5) Harvard Street Neighborhood Health Center, City of  
Boston Health and Hospitals Department  
895 Blue Hill Avenue  
Dorchester
- (6) Housing Improvement Program Office, Housing  
Inspection Dept., City of Boston  
1141 Blue Hill Avenue  
Mattapan
- (7) Lee's Day Care Center  
205 Norfolk Street  
Dorchester
- (8) Lena Park Community Corporation and Neighborhood  
Center  
150 American Legion Highway  
Dorchester
- (9) Mattahunt Community School, Community School Program  
100 Hebron Street  
Mattapan
- (10) Mattapan Little City Hall, Office of Public Service,  
City of Boston  
514 River Street  
Mattapan
- (11) Mattapan Police Community Relations Program  
1601 Blue Hill Avenue  
Mattapan
- (12) Mattapan Public Welfare Services Office, Commonwealth  
of Massachusetts Public Welfare Dept.  
1231 Adams Street  
Dorchester
- (13) Mattapan Youth Resource  
1260 Blue Hill Avenue  
Mattapan
- (14) Recruitment and Training Program, Inc.  
1216-A Blue Hill Avenue  
Mattapan

#### METHODOLOGY

The initial contact with the service agencies was made in October, 1976, via a form letter addressed to the appropriate



director which (1) briefly explained the nature of the project, (2) requested the cooperation of the director or other appropriate agency personnel in terms of time allotment and information access, (3) introduced the name of the BUO representative who would conduct the agency interview and (4) informed the agency director that the BUO representative would follow up the letter with a telephone call within the near future. Appointments with the various agency heads were scheduled via these subsequent telephone conversations (which in the majority of cases occurred within fourteen days after the initial contact). As a result of the initial letters and the subsequent telephone conversations, appointments for interviews were scheduled with the major social service agencies known to exist in or provide service to the Mattapan community.

The semistructured interviews were centered around a format which was designed to gather and assess both qualitative and quantitative information about the various service delivery systems. (Quantitative information for the purposes of this study is defined as (a) demographic variables and (b) budgetary allotment. Qualitative information refers to the less tangible and less objective factors involved in service delivery system assessment, that is, the general level of efficiency and/or effectiveness of the agency). The format for the interviews was as follows: (a) the interviewer briefly reiterated the purpose of the study which had been discussed in the previous communiques, (b) the

interviewer solicited and recorded answers for specific questions from the standardized "service agency form",<sup>4</sup> an instrument created by the Boston Urban Observatory for the Mattapan agency inventory, (c) the interviewer solicited miscellaneous information concerning the history of the agency, its current operations, its clientele, self-evaluated level of adequacy in delivering services, etc., (d) the interviewer solicited opinions from the interviewee regarding the general feasibility of the proposed multi-service center, optimal site location, and the potential degree of agency-center interaction which ranged from non-involvement to coordination of services to relocation of the agency into the proposed center structure.

#### Social Service Agency Descriptions

- (1) Avenue Neighborhood Health Center (Mattapan Community  
Director: Greg Bulger Health Center)  
Description of agency (from agency pamphlet):

The Avenue Neighborhood Health Center is a comprehensive health care facility operated by members of the Mattapan community. We are a non-profit organization located 3 blocks south of Morton Street at 1295 Blue Hill Avenue. Avenue Health Center provides all types of medical services at one location. Our emphasis is on personalized, quality care for families and individuals. We strive to be as responsive as possible to the needs of the residents of Mattapan. The Health Center is a fully licensed clinic under the Massachusetts Department of Public Health.

---

<sup>4</sup> See Appendix A for a copy of the Service Agency Form.

### Services Provided

The Avenue Neighborhood Health Center currently provides the following list of services which come under the category "medical and dental". However, the center plans to expand the existing services (in Pediatrics and Adult Medicine) during the next fiscal year and to initiate a "social services/mental health component".

#### Medical Services

Infant and Child Care  
Adult Health Care  
Prenatal, Maternity, and After Delivery Care  
Gynecology  
Family Planning  
Physical Exams  
Immunizations  
Screenings for High Blood Pressure, Sickle  
Cell Anemia, Lead Poisoning

The medical services provided at the Health Center are performed by doctors who are fully licensed and Board Certified to practice their particular specialities. Their back-up facilities are Carney Hospital for Adult and Pediatric Services and City Hospital, which backs up the Gynecology/Prenatal Services. Patients are able to call a 24-hour answering service when the Center is closed in order to speak to a physician.

#### Dental Services

Checkups  
Fluoride Treatment  
Comprehensive Dental Care

Podiatry-(Foot Care)

Nutrition Services

Special Diets

Weight Reduction

Service Delivery

Services are by appointment only, although "walk-ins" will be seen if a sudden illness does develop." The center is in operation five days a week, Monday through Friday, from 8:30 a.m. to 5:00 p.m.; services are provided according to the following schedule:

<u>Monday</u>	Infant and Child Care Adult Medicine
<u>Tuesday</u>	Infant and Child Care Dental Medicine Adult Medicine
<u>Wednesday</u>	Family Planning/Gynecology/Obstetrics Podiatry Nutrition
<u>Thursday</u>	Adult Medicine Dental Medicine Infant and Child Care
<u>Friday</u>	Infant and Child Care Family Planning/Gynecology/Obstetrics

Population Served

The Avenue Neighborhood Health Center services approximately 8,000 to 9,000 patients per annum. A brief demographic analysis of this population reveals the following statistical portrait:

- A) Age: "75% of population served under 30 years of age - most of this group under 21."



B) Income:

- |                       |     |
|-----------------------|-----|
| 1. Welfare Recipients | 30% |
| 2. Low Income         | 60% |
| 3. Middle Income      | 10% |

C) Education:

No information available

D) Ethnic Background:

- |                     |     |
|---------------------|-----|
| 1. Black American)  | 85% |
| 2. West Indian )    |     |
| 3. White            | 12% |
| 4. Spanish-Speaking | 2%  |

Source of Support

Family Planning Grant-Gyn	\$40,000
Carney Hospital Donation	22,300
City of Boston(matching Carney gift)	22,300
City of Boston(Revenue Sharing)	40,000
Medicaid	35,000 to 40,000
Self-Paying Patients	10,000 to 12,000
Total Budget	165,000 to 170,000

Description of Staffing Pattern

Part-Time: Pediatrician, Internist, Gynecologist,  
Dentist, Podiatrist, Nutritionist,  
Maintenance Person.

Full-time: Registered Nurse, Licensed Practical Nurse,  
Family Planning Counselor, Outreach Worker,  
Receptionist, Secretary, and Dental  
Assistant.

General Assessment:

In the director's assessment, the agency's effectiveness is hampered by an insufficient operating budget and a less than ideal physical location. One long-range goal of the Health Center is to eventually re-locate in Mattapan Square in order to increase visibility and accessibility for all Mattapan residents. Mr. Bulger lists the drawbacks of the

present location as (1) a deceptive appearance - the clinic itself being much more modern than the exterior, (2) maintenance problems presented by the old structure, (3) isolation from any commercial zone and (4) unattractive to Mattapan's elderly population who feel uneasy about traveling to this section of Blue Hill Avenue. The director of the Health Center accordingly, has expressed an enthusiastic interest in the development of a Mattapan multi-purpose center located in Mattapan Square. From the director's perspective both the Health Center and multi-purpose center could benefit if they were located on the same site because the variety of programs at one location would be more beneficial to the Mattapan residents and much more organized. For the Health Center in particular, there would be an advantage in being identified with a larger agency and would facilitate fuller utilization of its services. The Health Center's director expressed a desire to be involved in the planning of the multi-service center and is awaiting the recommendations of, and subsequent policy and actions initiated by, this feasibility study. Mr. Bulger cites that the only constraint in the participation of the Avenue Neighborhood Health Center in the multi-service center complex would be the particular location, since the Health Planning Agency would mandate that any move make sense in terms of the Primary Health Care distribution plan.

- (2) Boston State Hospital, Mental Health Department  
Commonwealth of Massachusetts Family Care Unit  
Family Care-Co-operative Apartment Program  
Director: Ms. Josefina Lilliskare  
Title: Community Mental Health Nursing Advisor

Description of Agency:

The program services clients who have been or are associated with Boston State Hospital. Along with the other Alternative Community Resident Programs, this specific program is a sub-unit under the aegis of the Rehabilitation Service Unit of the Community Based Services Division. The Family Care-Co-operative Apartment Program assists in the placement of clients in one of the two following living arrangements (a) private home or (b) private apartment with supervision. In situation (a), the client becomes a member of a family or household which has volunteered to be an active participant in the program; in situation (b), the client lives alone but is supervised by a responsible person who visits the client on a close and regular basis. In addition, a Nursing Home Team acts as adjunct in monitoring, consultation, visiting and assessing the client's needs and capabilities in both the private home and private apartment situations. Other programs at Boston State Hospital which are coordinated with the Family Care-Co-operative Apartment arrange for the client to receive benefits for support from sources such as Welfare, Mass. Rehab., or Medicaid. Another coordinated program, the Day Care Hospital

provides occupational therapy, group treatment and social interaction for the clients who participate in Family-Care Co-operative Apartment program. The hospital also operates a preparatory industrial shop which trains the clients in industry-related job skills

Services Provided: Mental Health and Retardation

Population Serviced: No statistical approximations were available

- A) Age: Young Adults/Middle Aged Adults and Senior Citizens are the sole participants in the program.
- B) Income: All clients are supported by Federal Supplemental Income (S.S.I.); some receive both state and federal aid.
- C) Education: Background ranges from grammar school to high school to high school drop-out.
- D) Ethnic Background: Clients are placed in private homes which reflect their ethnic or racial backgrounds. The director only makes distinctions between white and black clients.
- E) Source of Support: State funds.

Staffing Patterns:

Program staffed by registered nurses, licensed practical nurses and occupational therapy workers.

- (3) Carney Hospital
  - Ambulatory and Community Services
  - Director: Dr. John S. Coldiron, MD., M.P.H.
  - Title: Director of Ambulatory and Community Services,
  - Director: Sr. Margaret John
  - Title: Administrator of Carney Hospital

Description of Agency:

Carney Hospital's Ambulatory and Community Services division is responsible for six distinct operations



(a) Out-Patient Clinic, (b) Emergency Clinic, (c) Social Service, (d) Continuing Care Department, (e) Little House Health Center, (f) Bowdoin Health Center. In addition, Carney Hospital helps to support services provided by Avenue Neighborhood Health Center.

Services Provided:

Medical and Dental

Population Serviced:

Statistics of those registered in the Out-Patient Department from postal area 02126 (Mattapan).

A) <u>Age:</u>	Total #
1. Children	195
2. Youth	387
3. Unwed mothers	unknown
4. Young adults/M.A adults	1071
5. Senior Citizens	282
B) <u>Income:</u>	
1. Welfare Recipients	26%
2. Low Income	15%
3. Middle Income	59%
C) <u>Education:</u>	
No information available	
D) <u>Ethnic Background:</u>	
1. Black American )	
2. West Indian )	20%
3. White	78%
4. Spanish-Speaking	2%

Source of Support:

Federal	20%
State	25%
Fee for Service	30%
Third Party Payments	25%

Program Operating Budget

Out-Patient	\$ 800,000
Emergency	800,000
Social Service & Administration	300,000
Continuing Care	225,000
Little House)	225,000
Bowdoin )	<u>\$2,350,000</u>

Staffing Patterns:

Differ foreach of the six components.

General Assessment and Comments:

Sister Margaret John who is the General Administrator of Carney Hospital has a special interest in the establishment of an Alcoholism Treatment Program under the auspices of the proposed multi-service center. She is an ideal resource person for obtaining information concerning existing programs for alcoholism treatment as she has both direct and indirect involvement with detoxification programs as well as Alcoholics Anonymous(Al-anon) services. Most of the conversation with Dr. Coldiron and Sr. Margaret centered around this concern and the various strengths and weaknesses of the existing alcoholism treatment programs. Sr. Margaret would like to participate in the planning of an alcoholism treatment program should a multi-service center with such a unit be deemed feasible. She has also offered a suggestion that a program be coordinated between the proposed center and Laboure' Junior College, which would enable the students at this health sciences institution to volunteer their services (and thus receive vital

experience) to any program within the center which is able to utilize such aid. The college, which Sr. Margaret is affiliated with, would also be interested in participating in a continuing education program, if such a program were to be instituted at the proposed center, i.e., the college is willing to enroll and train students from the Mattapan community through a special multi-service center alternative education program. Sr. Margaret's plan, therefore, would provide an integral interdependent relationship between Laboure' Junior College and the Mattapan Multi-Service Center.

Ideal Locations:

The area near St. Angela's Church and a local funeral home has been suggested as preferable to either the Morton and Blue Hill intersection or Cummins Hwy., because it is more centralized. Both Dr. Coldiron and Sr. Margaret suggested that a dual facility with a health unit, physically separated from other facilities, would be most practical and offer the Dorchester Multi-Service Center as a model of this.

- (4) Dorchester Mental Health Center, Mental Health Department, Commonwealth of Massachusetts

Director: Gilbert L. Rochon, M.P.H.

Description of Agency:

The Center (D.M.H.C.) serves a population of approximately 110,000 residing in the community of Mattapan and Southern Dorchester. The Center provides comprehensive mental health services through two major clinical divisions:

the Community - Based Services Division, directed by Mr. Lewis White, M.S.W., and the Central Clinical Services Division.

The Community-Based Services Division is so named to underscore the Center's commitment to decentralize the bulk of its outpatient services to neighborhood health centers located within the catchment area. Programs of this division include the following:

Ambulatory Care Unit (Elaine Hardwick, R.N. M.A.  
Director)

Adult Out-Patient Services  
Family Intervention Unit  
Widowed Program  
Aftercare Clinics

Rehabilitative Services Unit (Louise Bynoe, M.S.W.,  
Director)

Day Hospital  
Family Care and Coop Apartments  
Nursing Home Team

The Central Clinical Services Unit is based primarily on the grounds of the Boston State Hospital and includes the following units:

In-Patient Services Unit Simeon Locke, M.D., Director

Acute Psychiatric Wards (approximately  
35 patients)  
Chronic Psychiatric Wards (approximately  
30 patients)

Psychological Services Matthew Figelman, Ph.D., Director

Testing  
Residency Training

Screening and Evaluation Lawrence Janowitch, M.A. Director

Crisis Intervention  
Triage  
Admissions  
Consultation and Differential Diagnosis



Children's Services Louise Wylan, M.A., Director

Adolescent Out-Patient  
Adolescent Mini-School  
Pre-School Program  
Children's Mini School  
School Consultation, Evaluation and  
Testing

Additionally, the Center provides staffing through a federal grant to the Mental Health Component of the Charles Drew Family Life Center and has affiliations with the Neponset Health Center, Harvard Street Health Center, Avenue Health Center and Carney Hospital, and is currently seeking affiliations with Lena Park Community Corporation. The Center is seeking to change its accreditation as a psychiatric long-term care facility to that of a Community Mental Health Center. Currently, the Center provides 24-hour emergency psychiatric service and offers a full array of treatment modalities, including group therapy, individual psychotherapy, family therapy, couples counseling, chemotherapy and milieu therapy, as well as a variety of rehabilitative and social services.

Services Provided

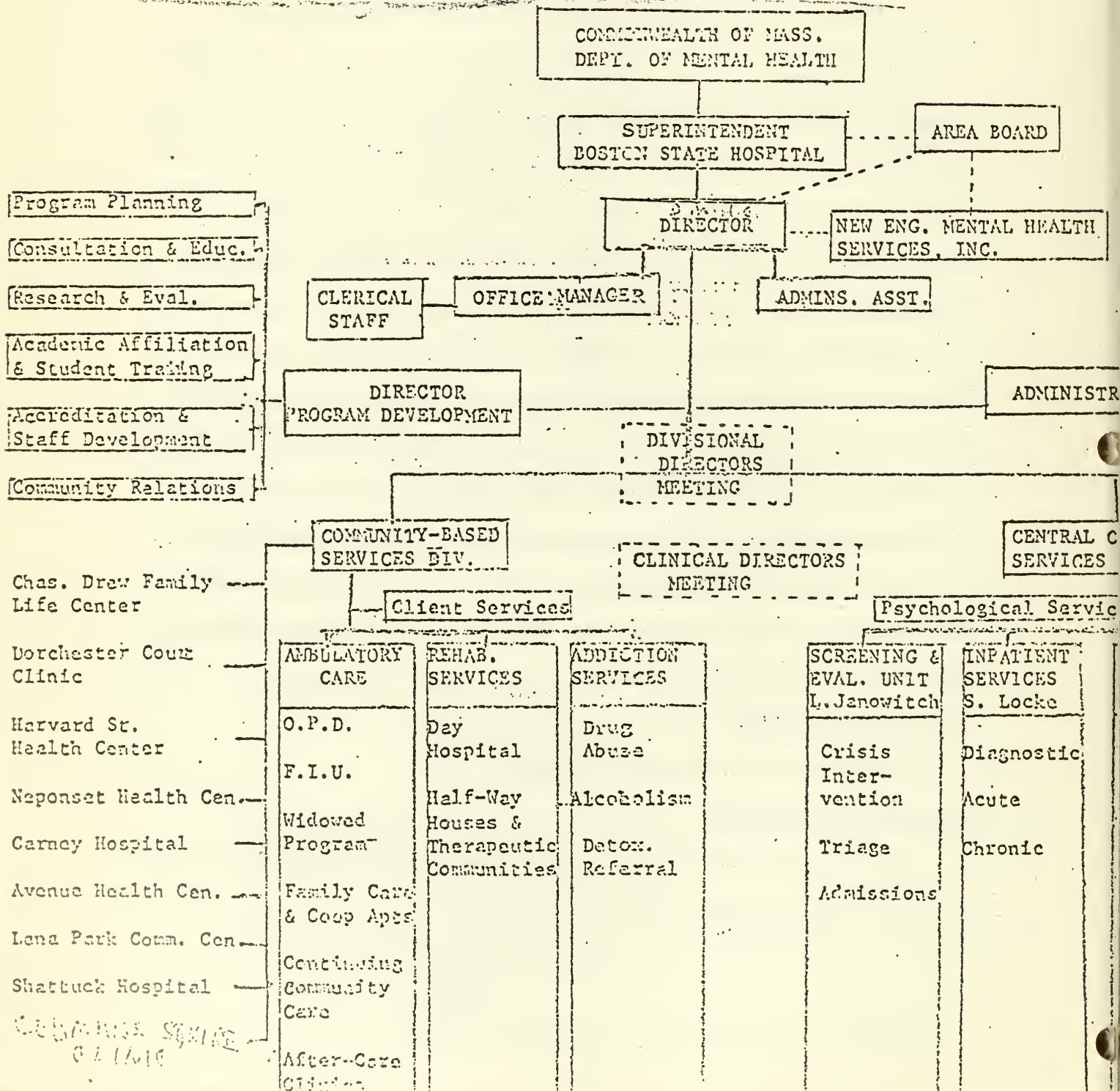
Mental Health and Retardation

Population Serviced

The Dorchester Mental Health Center is the Mental Health provider for the entirety of Mattapan.

FIGURE 10

Staff Pattern



General Assessment and Comments:

Dorchester Mental Health Center is very interested in the possibility of housing some of its facilities within the proposed multi-service center for the Mattapan community inasmuch as the agency is the Mental Health Service provider for the entirety of Mattapan. The director has pointed out that such a relationship could greatly benefit inter-agency collaboration and increase client access to services. It is the intention of the agency to decentralize the entire Ambulatory Care Unit into the community (which comprises Mattapan as well as Central and Southern Dorchester) as soon as feasible.

Ideal Location/Planning:

The director would be open to considering a proposal to locate a multi-service facility at the Boston State Hospital. However, he states that ultimately the appropriate parties empowered with authority to review such a proposal and approve such an arrangement are the Area Director/Superintendent, Dr. Robert Romano, along with the Land Use Committee of the Boston State Hospital Mental Health and Mental Retardation Area Board (Rev. Harold Ross, President, Mr. Patrick Jones, Chairman).

Mr. Rochon states that the Dorchester Mental Health Center is committed to converting its current accreditation as a long-term psychiatric facility to that of a comprehensive community mental health center. As such, the center is

supportive of a move to increase and expand the level of human services within their catchment area and would be an eager participant in the planning process for such a facility. As a potential participating agency under the aegis of an operating multi-service center, the director assures that his staff would be willing to invest time in both the development and implementation of services that would emanate from such a mental health component.

(5) Harvard Street Neighborhood Health Center

Director: Lorraine Baugh, R.N.M.S.

Medical Director: Sanford M. Reder, M.D.

Description of Agency

In their Annual Report of 1976, the Harvard Street Neighborhood Health Center states that the "overall goal and objectives" of this agency are to provide "quality, comprehensive health care to a predominantly Black, Latin and Haitian population."

Services Provided

The following services are available to residents of Boston:

- Obstetrics and Gynecology
- Pediatrics
- Adult Medicine
- Dentistry
- Family Planning
- Community Health Nursing
- Social Services
- Nutrition
- Laboratory
- Pharmacy
- Screening for Lead Poisoning, Hypertension and Sickle Cell



Ear, Nose and Throat Clinic  
Surgical Follow-up  
Ear Piercing  
Interpreter (Spanish, Creole, French Portuguese)  
Community Health Education/Outreach  
Child Care

Boston City Hospital is the H.S.N.H.C. back-up hospital. At the request of the patient, arrangements are made at any other hospital in Boston, except for the delivery of infants.

Many of the H.S.N.H.C. physicians work as a team with nurse practitioners and midwives. These nurses have received special medical training. When an adult patient or child patient visits the Health Center, the nurse practitioner or midwife may take a major responsibility for that visit. The doctor and nurse work closely together in all cases.

Harvard Street also offers special programs to encourage preventive health care: Preparation for Childbirth, Mother's Coffee Hour, Slim Club, Family Planning, Adolescent Rap Group and Primary Care. Patients are encouraged to call Health Education if they are interested in joining any of these programs.

#### Service Delivery

All services are by appointment, except for medical emergencies. Non-emergency walk-in patients are seen after scheduled appointment patients, as time and staffing permit. The Center is in operation six days per week; all services are available Monday through Thursday from

8:30 A.M. to 9:00 P.M. and Friday from 8:30 A.M. to 12 noon; Fridays 1:00 to 3:00 P.M. and Saturdays 8:30 A.m. to 1:00 P.M. are reserved solely for dental services.

#### Population Served

The total number of patient visits for the fiscal year 1976 was 42,250 which was 600 less than in the fiscal year of 1975. The number of patients utilizing the facility is estimated at 25,000. These patients are drawn from a catchment area composed of 97 census tracts although few of the tracts are penetrated with depth (for example, the 14 original tracts accounted for a little over 5,200 patients which is about one-fifth of the total patients served). The total of 25,000 utilizing the facility in recent years is a sharp increase from the figure of 19,000 which represents the total figure utilizing the facility in the earlier seventies. The most recent annual report cites that the lack of patient census growth between the year 1975-76 is due chiefly to lack of physical space. Demographic figures representing age, income, education, and ethnic background are not available - although as noted earlier, the annual report states that the most pertinent characteristic of the patient population is that it is predominantly black, Latin and Haitian.

Financial Resources:

The budget of Harvard Street Neighborhood Health Center amounted to \$1,222,609 in 1975-76 and has come from public, private, and third party payor sources. The functional breakdown is as follows:

	Total	Percent
Reimbursement (third party and patients)	\$ 487,922	40%
City of Boston Outreach	352,491	29%
Title V MIC	235,431	19%
Title V C&Y	108,765	9%
Primary Care Project	15,000	1%
Title XX	15,000	1%
Greater Boston Chapter	8,000	5%
Mass. Heart Association	<u>\$1,222,609</u>	

For the fiscal year 1976-1977, the total budget was \$1,366,786. Though no functional breakdown is available, the percentages remain about constant.

Description of Staffing Pattern

The Harvard Street Neighborhood Health Center has a complex organizational network which is exhibited on the following pages:

HARVARD STREET NEIGHBORHOOD HEALTH CENTER  
TABLE OF ORGANIZATION

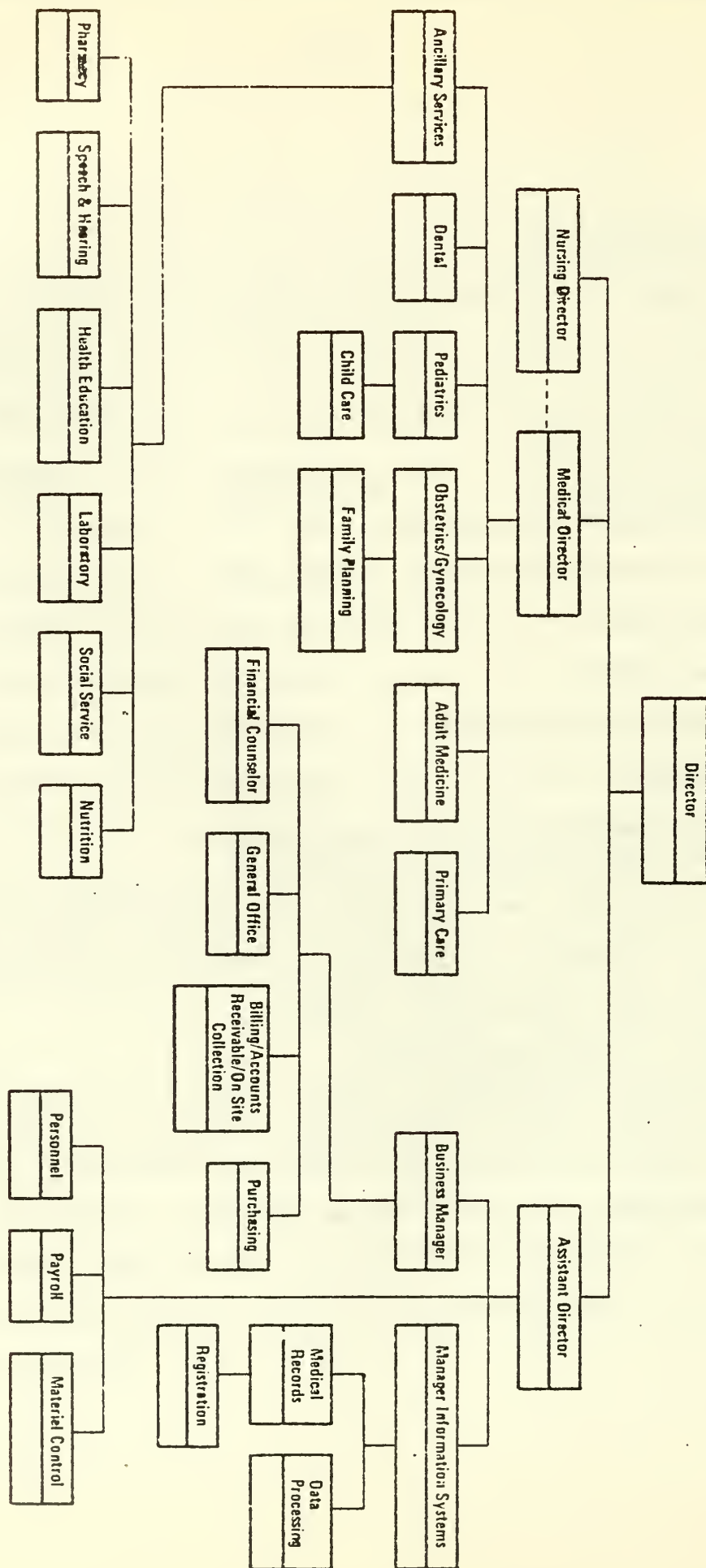
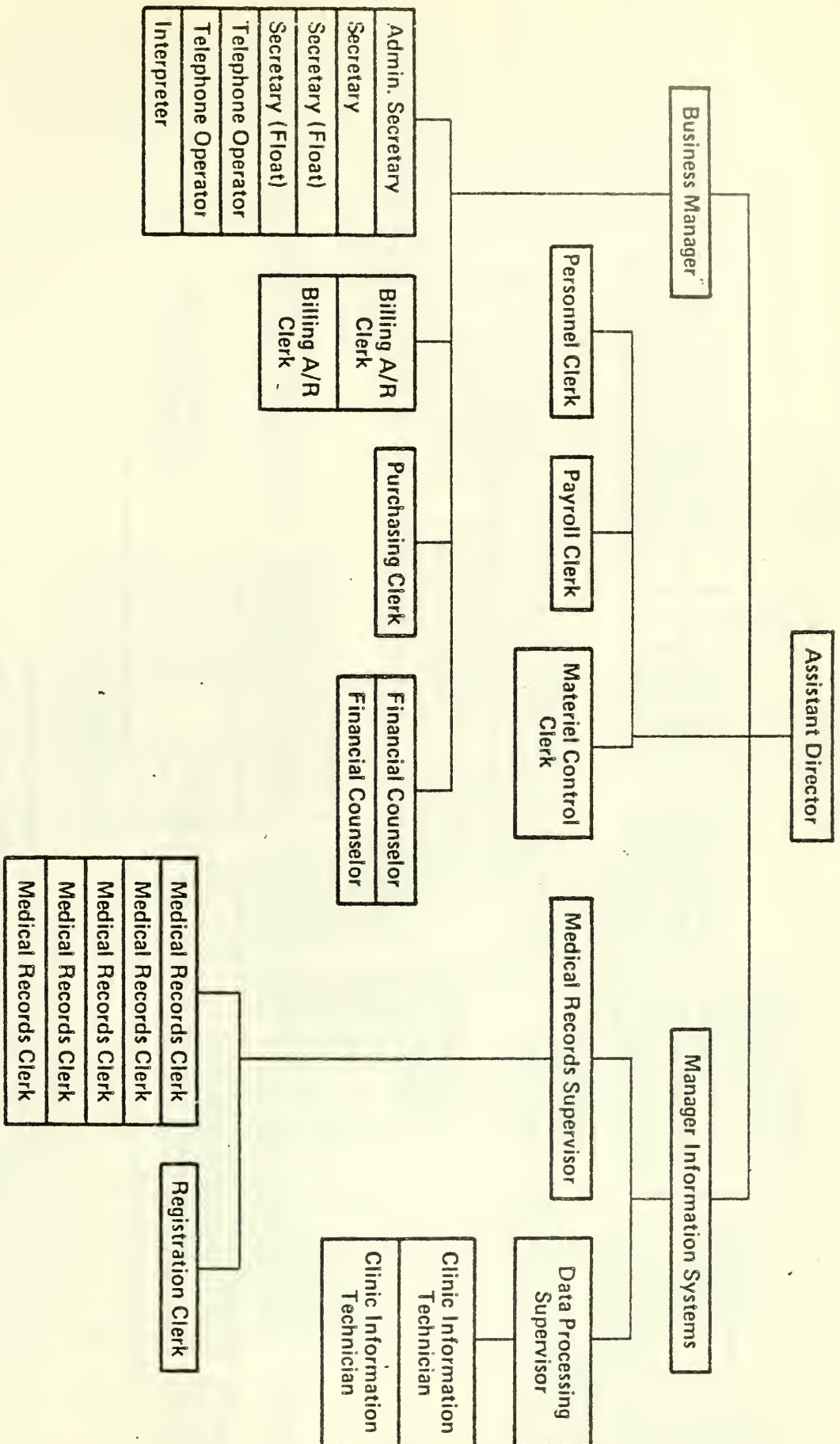
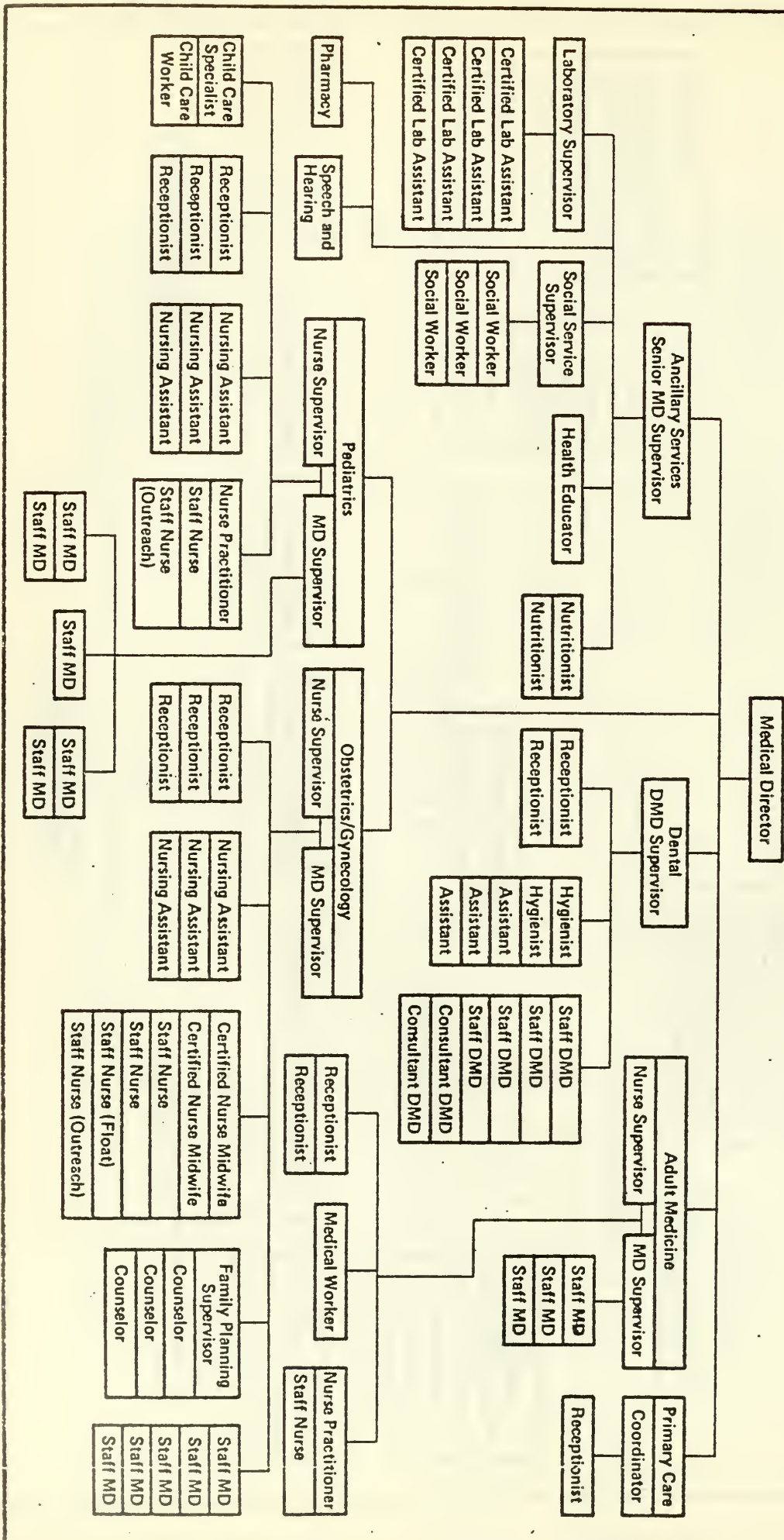




TABLE OF ORGANIZATION  
Breakdown of Functions



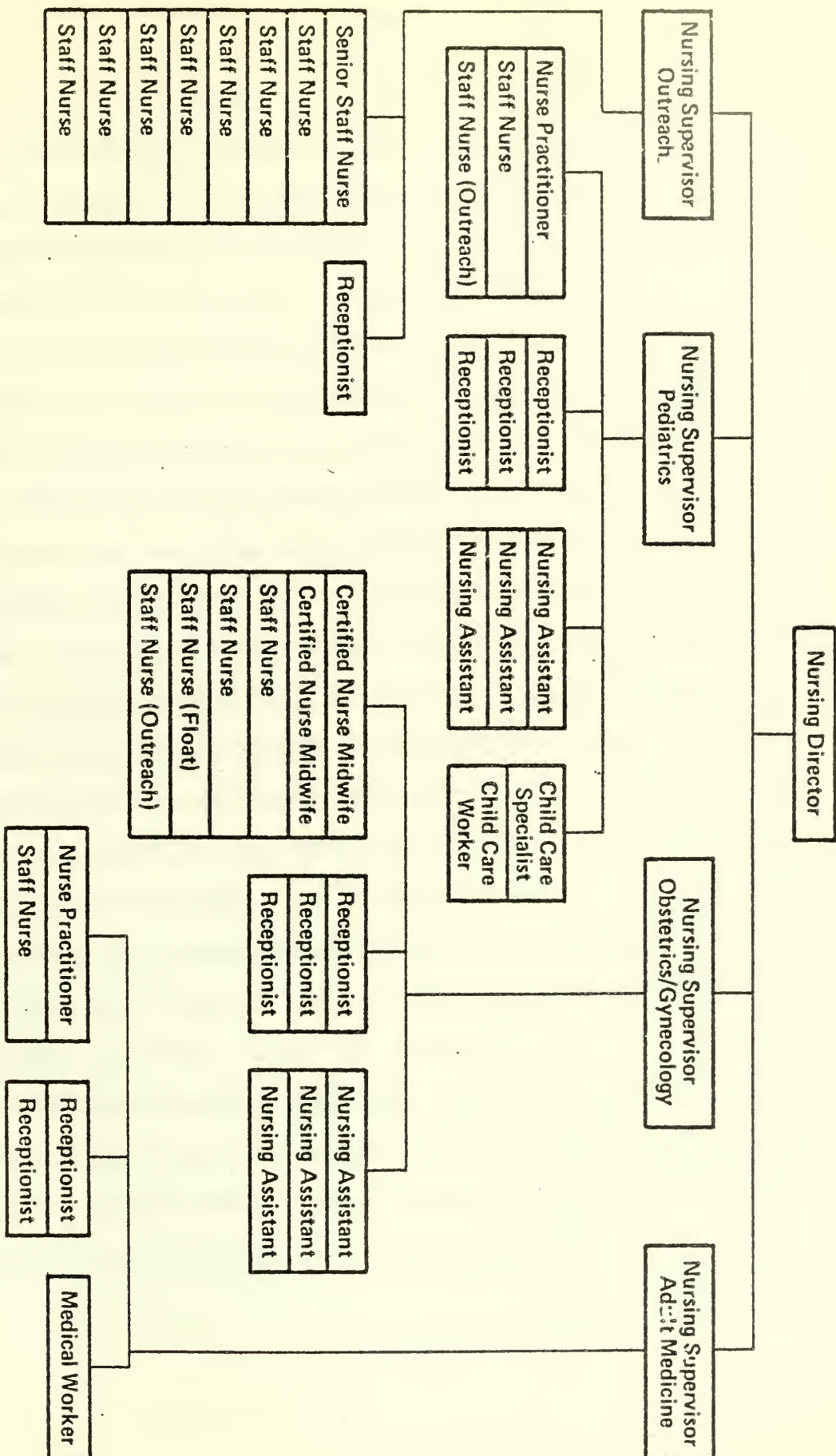
HARVARD STREET NEIGHBORHOOD HEALTH CENTER  
TABLE OF ORGANIZATION  
Breakdown of Functions



## HARVARD STREET NEIGHBORHOOD HEALTH CENTER

## TABLE OF ORGANIZATION

## Breakdown of Functions





General Assessment

As stated earlier, the Center's Annual Report cited lack of space as the major factor hampering their ability to service a larger population . In 1974 explorations began for ways to gain additional space. That year, a certificate of need was completed and a proposal submitted to the George Robert White Fund requesting \$850,000 for the expansion of 3 floors and the addition of a partial fourth floor to the existing facility. The certificate of need was awarded; however, no funds were forthcoming at that time from the George Robert White Fund. In 1976, after unsuccessfully submitting proposals for other funding sources, the Center submitted a proposal with scaled down renovation plans to the White Fund; this proposal requesting \$100,000 was approved. The additional space provided by the renovations allows the Center to more efficiently and cost-effectively take care of the present patient load. However, it leaves no room for program expansion and outreach activities. Because of these inadequacies, it was decided that a new facility would have to be built to better serve the community and in the spring of 1976 an expansion program task force was organized to plan for the development and construction of a new comprehensive primary health care facility to meet the needs of the North Dorchester and Mattapan communities as projected for 1985.



Four sub-committees, Land Acquisition and Site Development, Data Compilation, Finance and Program Development were established to: (1) contact the Boston Redevelopment Authority and other relevant agencies regarding population projections, housing and future development plans through the year 1985; (2) locate an appropriate piece of land to house the new facility; (3) compile information on other health centers in the geographic area; (4) compile comparative statistics and demographic data on the community; (5) develop census tract density, plot maps and graphs on current registered patient population, with the 10-year projection; (6) compile utilization statistics on Center's services over the past 6, 12 and 18 months; (7) develop a comprehensive financial plan; (8) explore funding sources, private and public, federal, state and local; (9) develop a health care delivery program; (10) compile a new certificate of need.

The annual report of 1976 projected that its task would be complete by September of 1976. It is projected that 34,000 square feet, or 2-1/2 times the present facility is needed. A total of 48,000 square feet will be needed to provide building space, parking, landscaping and room for future expansion. A possible site has already been located and plans are underway to acquire the land. The ideal site,

according to the director, is the land area at Blue Hill Avenue and Morton Street which is privately owned.<sup>5</sup> However, in order to expedite paper work, the Center will concentrate its current efforts to acquire a piece of land now owned by the city through a lease arrangement. This land is a six lot by twelve lot area bounded by Arbutus Street on the north, Balsam Street on the south and Ashton Street. This area is about a block and a half from the ideal location at Morton Street. Although there are questions as to whether this block of land is a large enough site, it was necessary to secure a certificate of land in order to facilitate the funding process. The proposal<sup>6</sup> will request funding in the neighborhood of seven to eight million dollars. An architect, Victor Cromie of Cambridge, has worked on the certificate of need for two years.

The director of the Harvard Street Health Center is of the opinion that a health service provider should operate under its own autonomous administrative and physical structure because of the complex nature of the health services field. Accordingly, the director suggests that the proposed

---

<sup>5</sup> The Boston Redevelopment Authority has recently 'banked' this parcel of land.

<sup>6</sup> A public hearing on these plans is to be held on Tuesday, August 2, 1977, by the Board of Appeal of the City of Boston upon the appeal of the City of Boston Real Property Department. Plans are for a four-story non-resident health clinic.

multi-service center plans should aim at coordination of services with a physically close or physically adjacent health care facility such as the newly proposed Harvard Street Center rather than at the inclusion of such a facility under the umbrella of the multi-service center. The director suggests that the multi-service center concentrate primarily on providing the following services: elderly food program, counseling and professional services, teen-age drop-in center, recreational facilities, job placement, counseling, and bicultural-bilingual approach to adjustment for Haitian and Spanish-speaking residents of Mattapan. The site preference should give recognition to the following factors: (1) accessibility to bus lines, (2) accessibility to major thoroughfares, and (3) proximity to a heavily residential area. Blue Hill Avenue and Morton Street was cited as a location which contained these characteristics.

(6) Housing Improvement Program Office

Director: Betty Green

Description of Agency:

The Housing Improvement Program has been designed by Mayor Kevin H. White to preserve and improve the neighborhoods in Boston by providing incentives for rehabilitation of owner-occupied homes. These program incentives should assist homeowners throughout the city on a wide range of improvements. Each homeowner will have only one opportunity to receive a rebate.

Services Provided:

Service Mobilization and Referral.

Population Serviced: Number of people served: 1,000/yr.

Age: No information available

Income: By rank order  
1. Middle Income  
2. Low Income  
3. Welfare

Education: No information

Ethnicity:  
Black American 50%  
West Indian 20%  
White 25%  
Spanish 5%

Source of Support: By rank order  
1. Federal  
2. State  
3. Municipal  
(Community Development Revenue Sharing)

Operating Budget:  
\$250,000 - \$300,000

Staffing Pattern:  
11 provisional employees - 13 at the maximum:  
9 blacks, 2 whites.  
5 rehabilitation specialists  
2 finance specialists in addition to 1 special  
"312" finance specialist  
1 clerk

Coordination Services

1. Boston Redevelopment Authority(does planning;  
works with Rebate Plan, Ralph LeBeau, District  
Planner)



2. Office of Program Development  
Larry Jones - acts as a "mouthpiece" for area problems
3. Mattapan Little City Hall - street problems (such as sidewalk repairs, etc.) are referred to this agency
4. Service delivery- a cash rebate equal to twenty percent of the value of eligible repairs as estimated by a rehabilitation specialist can be received by the homeowner for any repairs from the attached list.

#### Effectiveness of Agency

The director states that the program could be more effective (1) if there were greater rebates, (2) if banks were more responsive to home loans, (3) if banks gave grants to people who are eligible for plumbing and electrical work.

#### Ideal Locations for Multi-Service Center

Morton Street - would serve both Mattapan and Franklin Field and might start a revitalization of the Franklin Field area. "Dunkin Donuts" lot would be ideal if a parking lot could be built as well.

- (7) Lee's Day Care Center  
Director: Leola Murphy

#### Description of Agency

Lee's Day Care Center provides nursery school and kindergarten instruction and socialization for youngsters between the ages of 2-1/2 to 6. The services provided are

child development and child care to 48 children, 50 percent of whom are in households receiving public assistance of some sort.

The annual budget is \$130,000, with a staff consisting of four licensed teachers, a social worker, cook, maintenance person, bus driver, with the services of a bookkeeper and attorney on a retainer basis. The owner-manager of the center (the Murphy family) has invested several thousand dollars in the operation and as in any new and growing business has yet to see any profit. This seems to be the only misgiving of the owner-manager. The actual expenditures far surpassed the initial expectancy, and thus the investment has been a very costly one to the owners.

#### General Assessments

Lee's Day Care Center is the outgrowth of a private baby-sitting concern which was once in operation in the home of Mrs. Leola Murphy. The day care center was a natural extension of the earlier operation, as the growth of her business made professionalism more and more inevitable. The current program is subsidized by the federal government acting through the State of Massachusetts via the Office of Children agency. Approximately half of the center's forty-eight enrolled children are paid for through this subsidy. Tuition for the remaining half of the children is \$30 a week per child. To be eligible for subsidized tuition a

parent must be (1) receiving public aid and (2) working or attending school full time.

The building adjacent to Mr. and Mrs. Murphy's residence was utilized for the center after being renovated and refurbished and fire coded by an architect, contractor, and building inspector. Mr. Murphy, a handyman, put in extensive hours of work putting in paneling, painting, etc. A large backyard connected to the Murphys' residence is utilized as a playground for the children during the warmer months of the year.

The center is open from 7:30 a.m. to 6:00 p.m. Monday through Friday. Mr. Murphy is the bus driver for the center and he begins his pick-ups at 6:30 a.m., from areas such as Roxbury and Jamaica Plain, as well as Dorchester. The school has four licensed teachers whose salaries range from \$7,000 to \$9,000 a year depending upon whether they are designated professionally as teachers or assistant teachers. The children are divided into two age categories; (1) 2-1/2 up to 4 and (2) 4 up to 6. The former children are instructed together at the Kindergarten I level; the latter are considered pre-schoolers and are instructed at the Kindergarten 2 level.

Four "meals" per day are served: breakfast, lunch and two snacks, hence, there is a kitchen on the premises as well as a full-time cook. Ten thousand dollars per year

is allocated for the food budget alone. There are several large rooms for instruction and supervised play as well as multiple toilet facilities.

There are weekly staff meetings as well as monthly "PTA" meetings. In addition, the directors and staff attend formal workshops in day care center management which are offered at the Wee Toddlers, another day care facility in the Mattapan area.

(8) Lena Park Community Corporation and Neighborhood Center  
Director: Patrick S. Jones

Description of Agency

Lena Park is a multi-service center located on American Legion Highway which seems to provide services to population groups in the northern sections of Mattapan, Franklin Field, North Dorchester, and the southern sections of Roxbury. In the mid 1960's the sections of Dorchester adjacent to Blue Hill Avenue had a predominantly middle-class Jewish population with a membership of over 10,000 at the YMHA-Hecht House, the largest community center in the metropolitan area. The changes in the income and racial character of the residents in this area in 1968 helped initiate the union of a small group of residents who came together to try and improve the housing conditions and general character of the community. Through these efforts, the Lena Park Community Corporation was formed.



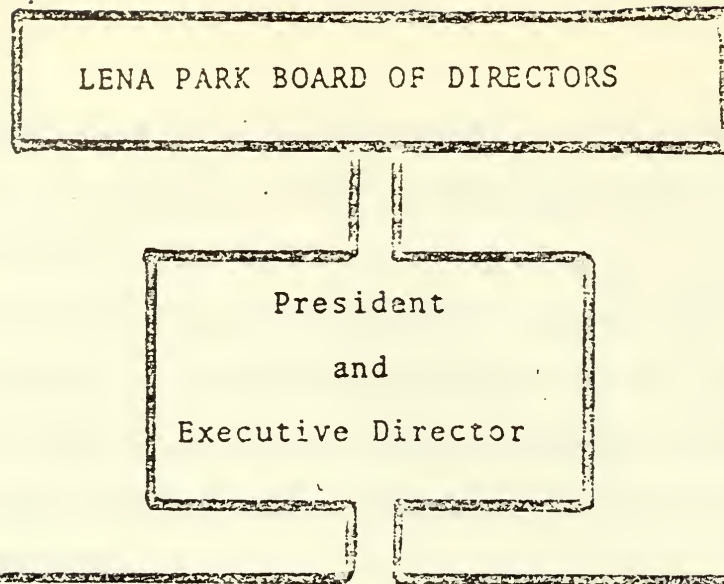
Application for a Communities Facilities Grant was filed in 1969 and approved in 1970, providing funds for the transfer of ownership of the YMHA-Hecht House to the Lena Park Corporation. The agency then incorporated under its own name in 1971 and brought about a comprehensive social service program in which youth services, day care, after school day care, senior citizen, mental health and community organization are just a few of the services offered to the neighborhood residents. The current complete range of services provided includes the following:

- Mental Health and Retardation
- Child Development and Child Care
- Socialization and Character
- Senior Citizens Programs
- Family Counseling
- Alternative Education Programs
- Informal Education Programs
- Employment and Training Services
- Summer Day Camp
- Land Utilization
- Community Organization
- Service Mobilization and Referral
- Recreation

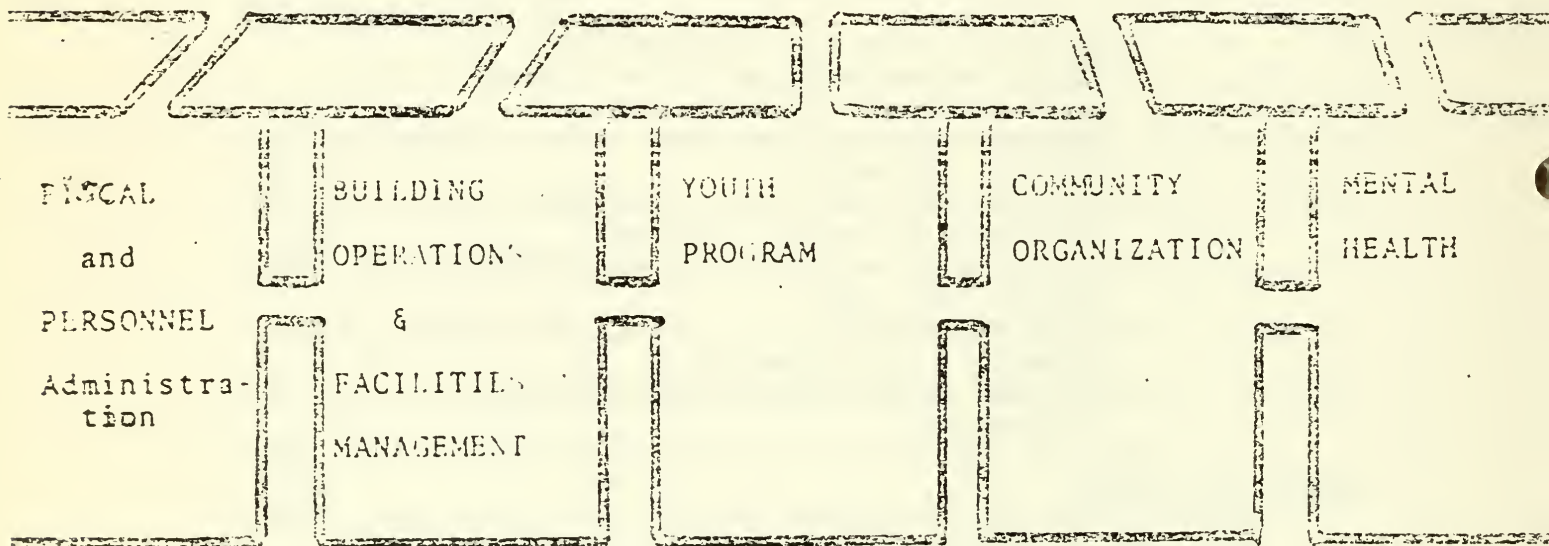
#### Staff and Budget

Lena Park has approximately 60-70 full-time staff, with a total staff of up to 100 if we include part-time employees, particularly those persons working in the summer program. The agency budget has grown rapidly from around \$170,000 in 1971 to over one million dollars currently.

The agency does have expansion plans within the existing facility. This expansion is expected to primarily



E X E C U T I V E   S T A F F



\*Communications Flow Chart

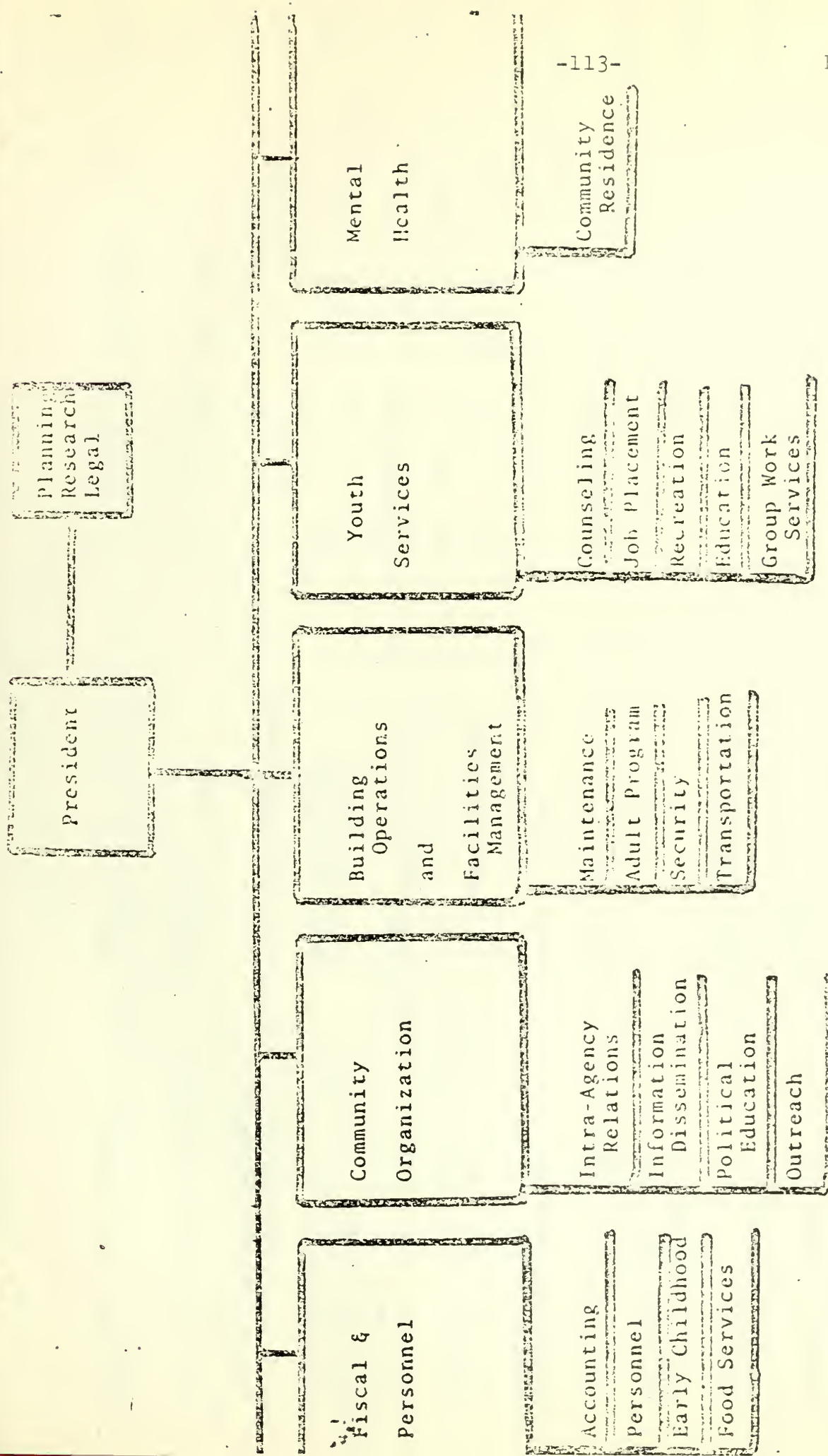


TABLE IV-1

NAME OF ORGANIZATION	PROGRAM	# SERVED	AGES	# STAFF	OPERATING BUDGET
Adolescent Outreach	Group Work Services Advocacy Planning	6 different groups		6	\$ 45,000
Boston State Hospital	Dorchester Mental Health		To be determined		
Division of Youth Services	Crime Prevention to reduce recidivism	80	13 - 18	5	100,000
Division of Youth Services	Job Pool	80	13 - 18	2	30,000
Franklin Hill Tenants Association	Public Housing Services	375 (membership)		2 (Vols)	Unknown
Peaceful Movement Committee	Penal Reform			2 (Vols)	Unknown
Lena Park Day Care Center	Pre-School Day Care	65	2 1/2 - 5	10	130,000
Lena Park Recreation Programs	Recreation	250 (membership)	6 - 17	6	81,67
Lena Park Summer Programs	Summer Day Camp Overnight Camps	500 300	7 - 13 7 - 13	25 (1/4)	4,00 10,00
Lena Park Precinct & Neighborhood Development	Economic Development			1	9,00
Lena Park Social Services	Outreach, Intake & Referral	All participating agencies & community	All ages	6	71,80
Lena Park Administration	Management & General	All participating agencies	All ages	13	97,00



LENA PARK COMMUNITY DEVELOPMENT CORPORATION  
COMPARATIVE STATEMENT FOR  
YEAR ENDED DEC. 31, 71-72-73-74-75

REVENUE	A		U		L		P		R		O		F		O		R		M		A	
	1971	%	1972	%	1973	%	1974	%	1975	%	1976	%	1977	%	1978	%	1979	%	1980	%	1981	%
Contributions	\$ 44,122	26	106,152	35	106,447	21	103,500	13	102,500	10												
UCS Support	78,900	46	180,500	61	175,000	34	175,000	22	225,000	21												
Fees and Grants	3,544	2	5,844	2	194,188	38	473,500	59	602,000	58												
Program Revenue			587		9,510	1	31,600	4	45,000	4												
Investment Income			2,017		1,496		16,000	2	26,000	2												
Other	43,366	26	2,672		27,959	6	400	-	50,500	5												
TOTAL	169,932	100	297,774	100	514,600	100	800,000	100	1,051,000	100.0												
<u>EXPENSE</u>																						
Personnel	115,700	68	179,169	60	338,330	66	532,200	66	779,525	74												
Service & Supplies	42,435	25	62,979	21	107,582	21	150,750	19	194,500	18												
Program Expenses	19,691	11	17,607	6	39,203	8	55,100	7	50,100	5												
Other	5,685	3	13,997	5	27,033	5	61,950	8	26,875	3												
TOTAL	182,511	107	273,753	92	512,150	100	800,000	100	1,051,000	100.0												
EXCESS OR (DEFICIT)	(12,597)	7	24,020	8	2,451		0		0													

TABLE IV-2

be in the social services area.

The predominant group served by Lena Park are youth and teenager (55 percent of those serviced). Welfare recipients make up 65 percent of the income groups served, while close to 90 percent of those served are Black.

#### General Assessment

A highly rated agency that has grown rapidly despite setbacks. Somewhat accessible by public transportation. The center director expressed hostility to the idea of a multi-service center in Mattapan, thus had no specific site suggestions.

#### (9) Mattahunt Community School

Director: David W. Buffalo (acting)

#### Description of Agency

Mattahunt Community School is a relatively new program in Mattapan that has not achieved its full capability as a community program. The services provided are: child development and child care, informal education, summer day camp, community organization and recreation.

#### Population Served

According to agency estimates it services 200 children, 500 youth and teenagers and 200 young/middle-aged adults. The majority of the population served is Black (60 percent), while the remaining portion is white (40 percent).

### Source of Support

The support is wholly from the municipality (100 per-cent). Thus the community programs are totally dependent on the political process of budgeting for community school programs in the City of Boston.

### General Assessment

Inaccessible by public transportation which in this instance is a particular problem for children, youth and teenagers. The newness of the program probably means there is some lack of knowledge of the programs in the community. However, a new building is usually noticed by the community faster than a renovated building, thus there is a lot of curiosity about what is going on at Mattahunt.

The Mattahunt Community School has not had time to develop its socio-cultural program. At the time of the agency interview, the acting director stated that they were in the process of reorganizing the staff and programs to fit the community needs. The acting director also stated that they are working on collaborations with the Avenue Neighborhood Health Center, Almont Park Playground and the Southwest Summer Program.

(10) Mattapan Little City Hall

Director: Shirley Campbell

### Description of Agency

Acts as a neighborhood ombudsman and source of informa-

tion for Mattapan residents relative to City services and other issues particular to the community and municipality.

#### Services Provided

The services which the agency provides are: senior citizen, informal education, legal services, citizen security activities, employment and training services, land utilization, community organization and service mobilization and referral.

#### Population Served

The agency estimates that one-quarter of its consumers are youth and teenagers, one-quarter are unwed mothers, one-quarter are young adults/middle-aged adults, and one-quarter are senior citizens. The Little City Hall further estimates that it serves welfare recipients, low-income groups and middle-income groups in equal proportion. In terms of education, the agency estimates that one-half are high school graduates while the other half are high school dropouts. Finally, the agency estimates that Black Americans, West Indians, whites and the Spanish-speaking each make up around 25 percent of its consumers.

#### Source of Support

Part of the Office of Public Service, thus is fully City-funded. The Little City Hall has five full-time staff and two senior citizen aides.



(11) Mattapan Police Community Relations Program

Director: Floyd Cully<sup>7</sup>

Description of Agency

Goals

The Mattapan Police Community Relations Program goals are: (1) to develop a police/community communications system which will include residents, police, business and social service agencies of the Mattapan area; (2) to implement programmatic components designed to enhance and support the communication network within the community; (3) to create within the community citizenry a sense of responsibility for participation in law enforcement programs; and (4) to increase the percentage of crimes which are reported within the target area, with the ultimate intention of lowering the crime rate.

Components

To accomplish the goals set forth, this program had three components or parts.

a. The Community Alert Network

The Network includes a community crime watch information gathering and dissemination system. It also includes monthly meetings with the police district captain and weekly meetings with the police community service officer. (Now defunct).

---

<sup>7</sup> Recently named Director of Security, Boston Housing Authority.

b. Problem Solving

This component is designed to create a vehicle for helping program participants communicate and inter-act. This will be accomplished in a professional, well controlled and non-hostile setting. Expert implementation should result in positive short and long term benefits.

c. Youth Component

This section is designed to increase informal contacts between police officers and juveniles, alleviate misconceptions and foster increased awareness of the problems faced by each group. This component is approached by getting young people and police officers together and involved in such things as tennis, volleyball, basketball, and softball. Trips are also planned to such things as sporting events, museums, Logan Airport, etc.

Assessments

The Community Alert Network was composed of many block associations. Each set up a Block Captain. Police at first did not react favorably because they misapprehended the program as being some type of civilian review board or watchdog. However, community members finally convinced police to cooperate with this different type of set-up.

However, the program did not work because it required volunteers on an on-going basis to write up reports which were "after the fact" (i.e., after the crime had been committed - there would be much more motivation for a crime prevention unit).

The Problem Solving Component's aim is to provide adults with the opportunity to have objective dialogue with police. This component is more organized than the other components, operates on an isolated basis, and is crisis oriented.

#### Youth Component

As constituted now this is the most active component. The youth involved range from 6 to 22 and the group of youth are racially and sexually balanced. St. Angela's Church, Coffer Post Gymnasium, and the Morton-Gallivan Recreation Center are often utilized for the events in the youth program.

#### Comments on Multi-Service Center

The director questions the practicality of placing all services in one building. He cites, for example, the potential problem of achieving peaceful coexistence between senior citizens and youth.

#### Possible Sites

Almont Park and Walker Playground - both underused land were suggested. However, the director suggests a locale be found which would also serve the white residents of Mattapan. He mentioned Dorchester-Lower Mills section as a significant section which is overlooked, and suggested that the Dorchester Civic Association is a politically skillful organization which has 80 to 100 people present at meetings each month. He suggests that this group should have representatives sitting on the Multi-Service Center Advisory Board.

Population Served

Age - evenly split  
Income - no information available  
Education - not available  
Ethnic Background - rank ordered  
1. Black American  
2. Some Whites - Irish and Jewish  
3. A few West Indians

Sources of Support

Federal, State, and Municipal LEAA signed contract with Boston Police. Also receives funds from donations for benefits.

Budget \$65,000 (speculate \$85,000 for next year)

Staff - 4

(12) Massachusetts Department of Public Welfare, Adams Street  
Community Service Area

Director: Alfred J. Washington, ACSW  
Community Service Area Director

Description of Agency

This is a state agency located in Dorchester Lower-Mills with affiliate offices in Jamaica Plain and Roslindale.

Services Provided

This is a multi-service agency that provides the following services: employment, foster care placement and supervision, adoptions, food stamp certification and re-determination of eligibility, information and referral, supportive case work, Project Good Health, Juvenile court referral, day care services (monitoring and obtaining), homemaker services



(monitoring and obtaining), chore services (monitoring and obtaining), taxi transportation for clients to and from medical appointments and protective rent payments.

Population Served

This agency serves all age ranges, all income ranges, all education levels and Black Americans, West Indians, whites, Spanish and French speaking.

Source of Support

The federal and state levels provide the support for this agency.

Staffing Pattern

These are civil service jobs. The Massachusetts Department of Public Welfare has a staff numbering 188 persons serving Mattapan, parts of Jamaica Plain, South Dorchester, Hyde Park, Roslindale, and West Roxbury. The Massachusetts Division of Employment Security (also housed on Adams Street) has a staff of six providing employment services to the same neighborhoods noted above.

(13) Mattapan Youth Resources

Director: Arnold Walker

Description of Agency:

A youth resource center which comes under the aegis of the Youth Activities Commission of the City of Boston. The center in Mattapan is one of twelve such centers in Boston. The Youth Resource Centers are designed to

provide an alternative for the police and courts by offering a neighborhood-based agency which could effectively service those youths in trouble...or heading for trouble. As such, Youth Resource Centers work closely with each community to determine what local problems contribute to delinquency and how these problems may be resolved.

Most youngsters who participate in the YRC program were referred by the court, school, police or parents. Some young people come in on their own. But no matter how a youth comes into contact with YRC staff people, the decision to remain must be his own. Only a youngster's voluntary co-operation with his YRC worker can lead to meaningful change. Once a decision to take part in the Youth Resource Center program is made, a YRC staff member works closely with the individual child. Together, they explore the adolescent's specific strengths and weaknesses. Regular and frequent meetings with the worker help a youngster make practical adjustments in his behavior.

The YRC worker aims at redirecting delinquent conduct and channeling energies into more constructive activities. Youth Resource Center staff offer guidance and assistance in a wide range of areas. They provide alternative home and school placement, adolescent adjustment counselling, career guidance, part-time job placement, and referrals

to other agencies where necessary. In keeping with its role of comprehensive youth service, the YRC takes on many functions which benefit the community as a whole.

#### Community Organization

The Youth Resource Center staff brings together local groups and individuals concerned with youth problems and encourages the sharing of efforts to maximize the effectiveness of preventative services.

#### Liaison with Local Court, Police and Schools

The YRC works closely with each of these groups to insure that the best possible type of assistance reaches youngsters in trouble.

#### Parent Advisor

Center staff people help parents locate appropriate services for their children and act as a youth's advocate, if and when problems arise.

#### Referral Center

The YRC keeps track of existing community agencies and the types of service they offer. In this way, staff members can help individuals in need of help reach those who can provide help.

Although the YRCs share overall goals and procedures, no two centers operate in precisely the same way. Their immediate location within a community makes it possible for them to identify local needs and establish programs to meet

these needs. Thus, during the past year, individual YRCs have undertaken various projects designed and tailored for specific neighborhoods. Some of these ventures include: (1) work-study project, funded by the Center, with local merchants supplying the jobs; (2) a "Catch-up" program for junior high school students, in danger of failing, who need help to "catch-up" with their classmates; (3) a drug education series aimed at discouraging the use of drugs among youths; (4) a tutoring program with heavy emphasis on English as a second language; and (5) a GED program to help high school dropouts, who do not intend to return to school, earn their diplomas.

A major theme of the YRCs is integration of service. In keeping with this, several Centers have joined together with other local agencies to establish neighborhood boards or committees. Through these groups, delinquency prevention efforts are coordinated in order to maximize the use of resources while at the same time avoiding duplication of services.

Youths in trouble need help before a crisis is reached. A Youth Resource Center can provide much of this help. It is not a "cure-all" for the myriad of problems a community faces in dealing with delinquency but a workable, practical approach to combatting these problems.



### Special Projects

Leisure time activities can offer educational and cultural experiences as well as fun. The Youth Activities Commission's Special Projects department plans recreational opportunities which are not only enriching but provide youth workers with a major tool for reaching youngsters. By bringing youth and worker together in a relaxed atmosphere, the special projects program fosters growth of mutual trust and respect. Away from the problems and distractions of everyday situations, both worker and youngster can more readily share ideas and discuss immediate needs.

Camping trips, mountain climbing, canoeing and day trips to sights of interest are only a few of the opportunities YAC makes available to inner-city adolescents. In addition, an impressive ski program is offered with approximately 4,000 youths participating each year. Transportation, equipment, slopes and instruction are provided at a minimal charge of \$3 per youngster. This money is then used to maintain a ski repair shop, purchase repair equipment and pay junior apprentices who are learning to do repair work. In addition, three summer camps are operated by the agency. Major emphasis is placed on teaching youths social interaction and self reliance...and on environmental education.

Programs such as these help youngsters discover a world outside their everyday environments. With the discovery come new goals, and, with the youth worker's assistance, a means to reach these goals.

The former director describes agency as "Delinquency Prevention Agency - services youth age 7 to 17 and also provides family counseling and vocational and educational services and referrals.(chiefly)"

Services Provided

Socialization and character  
Service mobilization and referral

Staff

Entire staff: 19. Includes one police liaison, five members of the staff are white. Staff works hand-in-hand with Floyd Cully, director of the Mattapan Police Community Relations Program.

Population Served

Age:	Youth and Teenagers	
Income:	1. Welfare Recipients	
	2. Low Income	
Education:	1. High School	
	2. High School Dropouts	
	3. Junior High School	
Ethnic Background:	Black American	60%
	West Indian	5%
	White	22-25%
	Spanish descent	10%

Source of Support

A. Federal	Law Enforcement
B. State	Administration Act
C. Municipal	

Number of Clients Served:

500 youth utilize center  
125 is the number of case loads

The former director mentioned Juvenile Justice Program as a back-up-agency - a school and vocational shop - which can only accommodate 12 boys at a time who are held until they go to court.

Also Halifax Forest Camp and Youth Service Board (which has lack of security) and houses 100 youth. Located in Roslindale at Canterbury Road and American Legion Highway.

Comments on Multi-Service Center

The director suggested that the following components or facilities be included in the proposed multi-service center: a facility which can provide senior citizens with temporary shelter or housing; a teenage alcoholism treatment or referral system; a gymnasium; a transportation system to take youth to and from the recreational facility. The director suggested that if a structure is going to be renovated that an old factory (there are many along Blue Hill Avenue) be considered. Mentioned Hyde Park House and Almont House - either as sites or models.

(14) Recruitment and Training Program

Director: Jim Clark, Project Director  
David Lee, Assistant Project Director

Description of Agency

The Recruitment and Training Program (RTP) is a single-service agency which places minorities in the building and

construction industry and its unions. Recruitment and Training Program has expanded its scope in recent years to include other training fields. The program is national in scope and has been funded by the U.S. Department of Labor and private industry.

RTP has been located in Boston since 1968. It has been at its current location for two years. Two distinct programs are situated in the Mattapan Office: (1) the Apprenticeship Outreach Program and (2) the Minority Women Employment Program. The former program seeks to increase opportunities for minorities to gain access into the building trades and construction industries, as well as trades and industries typified by corporations such as General Electric, General Dynamics, A.B. Dick, Xerox, etc. The initial thrust of the program was geared toward the building trades and construction industry. The inclusion of the various other corporation trades and industries has been a relatively recent innovation; as a result nearly eighty percent apprenticeship placements have been in the building and construction sector although this statistic is expected to change.

The latter program (Minority Women Employment) seeks to place women in non-traditional occupations. Although a downtown Boston office is scheduled to be opened in the



near future and expects to serve assistance to both minority and non-minority women in gaining access to white collar as well as blue collar jobs, the Mattapan office primarily concentrates on blue collar jobs for minority women. In this sense it parallels the Apprenticeship Outreach Program in terms of placing minority women in corporation trades and industries such as General Electric, General Dynamics, etc.

Since the inception of RTP in Boston (1968), it has placed approximately 1500 people in jobs. It currently places about 150 people per year in jobs where starting salaries average \$4 an hour and upward. However, the program provides more than just job placement. It provides education or job training for individuals before actual placement as well as mandatory continuous education for those already placed which is preparation for access to the industry unions. Thus an individual may be involved with RTP for a duration of 3 to 5 years during his job apprenticeship. Until recently RTP also provided training for the General (high school) Equivalency Diploma examination. In this educational context, the Mattapan office services approximately 1,000 persons per year.

#### View of Proposed Multi-Service Center

Views the possibility of an incoming multi-service center as a necessity, and added impetus to community

development which could supplement the services offered by RTP. For example, it was suggested that the multi-service center should implement the General Equivalency Diploma examination training which RTP is no longer able to offer. RTP also expressed a desire to be involved in the planning process for a Mattapan multi-service center.

#### Prime Location

The representative of RTP expressed concern that the proposed multi-service center not be located "as far as Mattapan Square", suggesting instead areas circa the 1200 and 1100 block area of Blue Hill Avenue, in Morton Street to Avenue Neighborhood Health Center location.

#### Conclusion

The agencies serving Mattapan residents are thus of various types and encompass a range of services which seem to provide adequate coverage in relation to an ideal functional system. The next sections in the report begin to provide a more detailed assessment of service capacity and quality of these agencies from the vantage point of community leaders, residents responding to the household survey and in relation to official area statistics.

### Leader Evaluation of Agencies/Services

The leader evaluation of services and agencies serving the Mattapan community is based on semi-structured interviews with twenty-nine(29) community leaders.(See Appendix A).<sup>8</sup> Both services and agencies evaluated include those provided by the municipality of Boston, the MBTA and by various other private, and/or public nonprofit agencies serving Mattapan. All the agencies evaluated are not necessarily physically located within the Boston Redevelopment Authority's (BRA) geographic boundaries for Mattapan. However, as in the case of public, or City services, there is an expectation of fairly regularized service for the community. In the case of the various other private, and/or public nonprofit agencies, they are perceived to service some segments of the Mattapan community and tend to be located in the Dorchester/Franklin Field area fairly adjacent to Mattapan's northern boundaries.

In terms of services and facilities provided by the City and MBTA, 58 percent(N=28) of the leaders surveyed were either somewhat satisfied or very satisfied. Forty-two percent were either not too satisfied or not at all satisfied. Among the public services included in this survey were:

---

<sup>8</sup> See section on Leader Survey for discussion of methods and other findings.

- a. trash and garbage collection
- b. the job the police do in this neighborhood
- c. the job the fire department does in this neighborhood
- d. public schools
- e. public libraries
- f. public transportation
- g. street and sidewalk repairs
- h. adequacy of street lighting
- i. parks and playgrounds

Those public services in which the most satisfaction was expressed include:<sup>9</sup> (1) the job the fire department does; (2) public libraries; and, (3) trash and garbage collection/the job the police do in this neighborhood. The rank ordering of public services in which there was least satisfaction includes: (1) street and sidewalk repairs; (2) parks and playgrounds; (3) public schools.

The rank ordering of the public service or facility those in the leadership survey would most like to see improved is as follows: (1) parks and recreation; (2) police; (3) trash and garbage; (4) streets and sidewalks; (5) public transportation; (6) public schools. Thus, even though those in the leadership survey express satisfaction in trash and garbage collection and the job the police do in the neighborhood, they still see these services among those most needing improvement.

In terms of the things that are sometimes problems in a neighborhood, eighty-four percent(N=28) of leaders surveyed felt that burglary, people being beaten up or

---

<sup>9</sup> A rank ordering.



robbed, vandalism, stores being robbed, people using drugs, and groups of teenagers hanging around were somewhat of a problem to a great problem. Among these kinds of neighborhood problems, burglary, vandalism, and groups of teenagers hanging around were viewed as the three primary problems in Mattapan.

Despite these kinds of neighborhood problems, 63 percent of leaders surveyed felt that Mattapan could be described as an area where people help each other as opposed to an area where people go their own way (37%). In addition, 83 percent (N=29) reported themselves to be either somewhat satisfied or very satisfied with the Mattapan neighborhood as a place to live. The things the leaders surveyed reported liking best about Mattapan included in rank order: its convenience, community concern, and it's a viable bi-racial community.

Turning to recreation facilities available for adults, 64 percent were either not too satisfied or not at all satisfied. The predominant change recommended in terms of recreation facilities for adults in Mattapan was that there be more planned and structured programs. Relative to opportunities in Mattapan to take courses which are recreational or teach new hobbies, 50 percent reported themselves being not at all satisfied. The primary improvements recommended in the opportunities to take these classes included having

more classes available, more publicity for those classes that are currently offered, better access to those classes currently offered, and the need for a facility within which such classes could be conducted.

Public education in Boston has been under close scrutiny for the past several years. Mattapan leaders surveyed were mixed in terms of the quality of education children receive in the Mattapan public schools, though nearly 60 percent reported that the condition and maintenance of the public school buildings was either not so good or not good at all. Compared to public schools in the rest of Boston, 87 percent of those surveyed think public schools in Mattapan are either the same(55%) or better(32%). Compared to private and parochial schools in Boston, 72 percent think the public schools in Mattapan are not so good. The primary recommendations suggested for improving the public schools in Mattapan included finding better teachers, more minority teachers and building improvements, either through new schools or rehabilitating those currently in use.

Fully three-fourths of those surveyed were dissatisfied with the facilities in the area for girls 10 or older such as parks, swimming pools, and gyms - as well as the programs for young people - sports, music, scouting, and other things. Relative to improvements suggested, by far

the predominant theme was that there be more programs available for young people in general, and girls 10 or older specifically, and that such programs consist of planned and structured activities.

Though the majority of leaders surveyed have children who are school age or younger, they reported limited utilization of day care facilities. In half the cases, either the wife or husband is responsible for taking care of the children during and after school, and in addition 85 percent of those leaders with this arrangement reported that they are satisfied. Over half of those surveyed (57%) knew of no day care centers in Mattapan.

Neighborhood health centers have been established in many parts of the Boston area and 72 percent of leaders surveyed reported knowing of such a center in Mattapan. The majority think the costs at the neighborhood health center are lower than a regular private doctor, that the quality of medical care is about the same as one could receive at most other places, and that it is very easy to get to the closest neighborhood health center. About half of those surveyed reported that they, or someone living with them, had ever gone to such a center for medical care. Over the past 12 months, the average number of visits to a neighborhood health center by those in the leader household was six.

The leaders surveyed were also asked to rate the quality and delivery of services by agencies serving the Mattapan community. A list of twenty-nine agencies was included.<sup>10</sup> Those agencies among the top five in terms of service delivery quality (a good to excellent rating) included in rank order: Harvard Street Health Center; Lena Park Community Center; Police District 3, Boston Police Department; Mattapan Branch Library; the Mattahunt Community School, and the Lena Park Day Care Center.<sup>11</sup> Those agencies rated as poor in terms of their service delivery quality included in rank order: the Parks and Recreation Department; the Housing Inspection Department; the School Department; Help for Children; the Housing Improvement Program; and the Recruitment and Training Program. There was also a significant lack of knowledge about agencies included in the listing. Those agencies about which knowledge seemed to be most limited included in rank order: Developers Incorporated; Lee's Day Care Center; Wee Toddlers; Community Training Dynamics; and Children's World. Of the five agencies which the leaders surveyed knew the least about, three are day care centers. Of the six agencies rated the highest, four are city services (medical care, police, library, community school) and two are encompassed within the same agency, Lena Park Community Center, which is a private, non-profit corporate

---

<sup>10</sup> See Appendix A, pp. 12-12A, q. 36, of Leadership Survey for agencies rated.

<sup>11</sup> See Appendix D for complete "Leader Evaluation of Agencies."



entity. Of those agencies rated among the lowest in terms of service quality, four are city services.

The leaders were then asked to rate the quality and delivery of a range of services in the Mattapan community currently, irrespective of agency. Perhaps a significant outcome here is that only 21 percent of those leaders surveyed rated the service delivery quality in Mattapan as good-to-excellent, while 79 percent rated service delivery quality in the Mattapan community as being fair-to-poor. Within this context, the service rated the highest is that provided by visiting nurses. Tied for second in this category were: sports, recreation and other programs for young people; sports, recreation and other programs for adults; programs to help with special health problems like drug addiction or alcoholism; and family planning services. Those services rated as poor, and with a significantly higher frequency than those rated as good-to-excellent, included in rank order of quality: planning (i.e., poorest service delivery); sports, recreation and other programs for young people; helping citizens' group work on neighborhood problems; sports, recreation and other programs for adults; employment service; programs to help people who come from a non-English speaking country; after school programs; and homemaker service. Again in context, the bulk of responses to this service rating were either fair-to-poor. In fact, the "are none"

and "don't know" responses were each nearly double the combined service response rate in the categories of good-to-excellent.

The major service gaps reported by the leaders surveyed include: information and referral, recreation for adults and young people, elderly services, employment services, and services for non-English speaking people. The leaders were mixed in terms of whether these service gaps are best addressed by the expansion and/or modification of the existing service systems. For those thinking that such service gaps can be best addressed by the expansion and/or modification of the existing service systems, those systems viewed as most susceptible included: health and special health, parks and recreation, the Over 60 Club(a church group), and recreational facilities in general. When asked whether a Mattapan Multi-Service Center should contract services from other agencies, 57 percent said it should, while 36 percent said it should only if necessary. Thus, fully 93 percent appear to be susceptible to a multi-service center contracting services from other agencies. Services which were mentioned as ones the multi-service center could contract out from other existing service organizations included health, youth services, employment services, and legal services. Finally, 77 percent of leaders surveyed think that there are Mattapan residents who obtain some social services through an informal

delivery system. Those services mentioned as most likely to be provided through such an informal system included day care, employment, and counseling of various sorts.

Turning now from agency/service evaluation to priorities for various population groups,<sup>12</sup> for those fifteen groups noted, 77 percent(N=29) of the leaders responded that across the board not enough services were being provided. Those groups seen as being the least well served include in rank order: teenagers, people with low incomes, families with children, grade school children, people with personal or family problems, young adults, middle-aged adults, people 65 or older, pre-school children, and black families. With each of these groups, at least 79 percent of leader responses noted that they are not receiving enough services. Services seen as being very important to have available in Mattapan included in rank order: after school programs, legal services, day care, sports, recreation and other programs for young people, planning, and employment services. Services which the leaders surveyed felt were most important to add to those already offered in Mattapan included: recreation for adults and children, day care, legal services, employment services, family counseling, and information and referral. Those services mentioned as least important to add included: adoption, family planning, consumer advocate, helping citizens' groups, emergency food, and individual counseling.

---

<sup>12</sup>See Appendix A, p.9, q.32, of Leadership Survey.

It seems then that the leaders surveyed are somewhat satisfied with the public services provided in Mattapan though there is the recognition of the need for improvement in particular areas. The predominant problems identified seem to relate to issues of security and modes of reducing the numbers of teenagers hanging around. There is a general feeling that the majority of population groups in Mattapan are not receiving enough in terms of services and that the services currently being provided are of an inadequate quality. Agencies seen as being the strongest in terms of service quality provide medical care, multi-services, police, library, community school programs, and day care. Combining perceived service gaps with services very important to have in Mattapan yields the following service needs: information and referral; sports, recreation and other programs for young people and adults; employment services; elderly services; after school programs; day care; legal services; and planning. A resultant concern here is with how do these leader needs/gaps correspond to the household needs/gaps and to the service range and capacity currently offered. Further, once this correspondence is plotted, can a feasible program be developed which allows for the development of a facility which can meet the service needs and fill the service gaps of the Mattapan community.



The leadership survey findings go on to note that given the current service range in Mattapan, 86 percent (N=28) of leaders think a multi-service center<sup>13</sup> can gain acceptance in Mattapan as long as it is careful in service selection so as to avoid overlap, duplication and direct competition with other like agencies or services. Further, 90 percent (N=29) think a multi-service center can enable Mattapan community residents to better realize their individual and collective goals. Finally, 90 percent (N=29) think that public and private monies can be located to operate a multi-service center at an acceptable<sup>14</sup> level for at least a five-year period.

---

<sup>13</sup> The organizational and financial aspects of a multi-service center serving Mattapan are reported in the Leader Survey section.

<sup>14</sup> Though the leaders were not asked to define what an acceptable level is, the set of recommendations contained in this report should provide benchmarks for such a definition as the Mattapan community itself assesses this report and its needs. So too, the City of Boston must assess the costs and benefits of meeting an acceptable level of service capacity and quality.



## HOUSEHOLD SURVEY RESULTS

### Introduction

This chapter on household survey results provides an integration of service needs expressed by a representative sample of Mattapan households with various official statistics which point up problems or trends in Mattapan. Appendix F contains tables from the household survey which can serve as a supplementary reference source.

As noted in preceding sections, the 1977 household survey phase of the feasibility study set out to interview 300 Mattapan households and ended up with 286 household interviews. The official statistics used in a comparative manner are derived from various reports, grant proposals, program evaluations and agency statistics.

The household survey results are grouped into four categories which comprise the sub-headings in this chapter. The categories include employment of Mattapan residents, educational and recreation needs, health needs and services, and neighborhood and housing needs.

This section should be reviewed in juxtaposition with the existing service capacity and quality in Mattapan, and be viewed as data which is supplementary to the leader survey results.

EMPLOYMENT OF MATTAPAN RESIDENTS

According to available recent information on employment conditions of Mattapan residents, a significant segment of the Mattapan community has been experiencing joblessness, below-average income and intermittent/part-time employment, manpower patterns that are quite similar to those of most Boston neighborhoods. Despite the current (1977) improvement in the economic climate over the recession peak of 1975, Boston has an average unemployment rate that is estimated at 10.5 percent.<sup>1</sup> Moreover, about 20 percent of the Boston's potential labor force (some 60,000 of 300,000 persons) has been identified as prime targets for federally-supported services because of low educational levels, inadequate work experience and limited occupational skills.<sup>2</sup> Thus, for almost every neighborhood in Boston, including Mattapan, the data clearly shows that employment is a critical concern for appreciable groups of residents.

---

<sup>1</sup> City of Boston, Mayor's Employment and Training Advisory Council, CETA Grant Application for Fiscal Year 1977 (Oct. 1, 1976), p. 249.

<sup>2</sup> Ibid, p. 115.



In May, 1975 the unemployment rate for Mattapan, according to a special survey, was estimated at 13.7 percent, compared with an unemployment rate of 14.1 percent for the entire city.<sup>3</sup> Mattapan's labor force of almost 15,000, based on an estimated population of about 30,000, contained just over 2000 unemployed persons. Unemployed residents of Mattapan accounted for 4.7 percent of the city's estimated unemployed total of 43,300 unemployed, a percentage that was consistent with its proportion of the city's population. Even with the improvement in employment during the past two years, however, there are still an estimated 1500 persons in Mattapan either unemployed or laid off from intermittent or part-time work, pointing to an unemployment rate of about 10 percent.

Key questions in the 1977 household survey were designed not only to provide useful clues to current levels of unemployment and under-employment in Mattapan, but to gather data on perceived needs for employment services. Responses indicated that 10 percent of the adults surveyed were unemployed or had been laid off. In fact, this 10 percent

---

<sup>3</sup> Research Department, Boston Redevelopment Authority, "Unemployment in Boston; Neighborhood Patterns and Socio-economic Characteristics, May, 1975", Table 3. Based on a special survey of postal zip code areas conducted by the Massachusetts Division of Employment Security. The Mattapan zip code area included the Franklin Field-Blue Hill Avenue section north of Morton Street in addition to the Mattapan neighborhood defined in this feasibility study.

level of unemployment, confirming the rough estimate projected from the special survey of 1975, was consistent throughout the four constituent neighborhoods of Mattapan. While the unemployment rate was uniform for Mattapan as a whole, labor force characteristics showed variations across the neighborhoods. For example, the Wellington Hill area had the highest proportion of adults working full-time or part-time, with 77 percent of its adults in the labor force as contrasted with 52 percent of adults in the labor force in Eastern Mattapan. These differences among the four neighborhoods are due mainly to varying proportions of retired persons and persons keeping house. Another significant contrast in the nature of the labor force among Mattapan's neighborhoods is in the white collar-blue collar mix. The proportion of white collar workers was highest in Western Mattapan(66 percent of the total) and lowest in Wellington Hill(43 percent of the total).

Indicators of under-employment in Mattapan came from survey questions asking(1) about residents desiring to work more hours than their current employment permitted, and (2) about the extent to which employed persons were using their job skills in their current employment. Ten percent of employed Mattapan respondents indicated a desire to work more hours and cited increased earnings as the major reason for wanting additional hours of work. An even higher proportion of Mattapan's labor force--some 15 percent--claimed that

they had skills that were not being used in their present jobs, skills they would like to put to use.

Two questions in the survey were calculated to measure the needs of Mattapan residents for employment services. If a worker expressed dissatisfaction with his(her) current job and did not know where to secure assistance in looking for or finding a new job, the conclusion drawn was that this indicated a need for employment services. Seven percent of the working respondents displayed such needs. Moreover, if a worker pointed out the likelihood that he or she would be looking for a new job during the coming year and did not know where to get help in Mattapan, this person was also deemed to have need for employment services. Some eight percent of working respondents were in such a position, this proportion holding constant throughout the four neighborhoods of Mattapan.

The most significant finding of the survey data on employment, however, was that 36 percent of the respondents had one or more employment needs and that these needs cut across unemployment, under-employment and employed persons with difficulties in their present jobs or interested in or thinking about making job changes.

Thus the data show that many Mattapan residents have not escaped the worsening of economic conditions that affected the whole city as well as the entire state since 1970. In April, 1970, the unemployment rate for the zip code area of

Mattapan was 4.0 percent. By May, 1975 the unemployment rate for this community had tripled, paralleling the three-fold increase in citywide unemployment since April, 1970. In fact 15 of the 16 communities covered by the special survey of unemployment revealed double-digit unemployment rates by May, 1975. Neighborhood unemployment rates ranged from a low of 6.1 percent in the Fenway-Kenmore area to a high of 17.9 percent in the South End.

Since the special survey of May, 1975 on unemployment was based on a 20 percent sample of unemployment compensation claimants, neighborhoods such as Mattapan with relatively high proportions of minorities and teen-agers, groups likely to contain large numbers of persons ineligible for or excluded from unemployment compensation, tend to have unemployment rates that are grossly understated. A recent report by the U.S. Bureau of Labor Statistics has calculated that for the Boston metropolitan area the unemployment rate for minorities was 50 percent higher than that for the labor force of the area as a whole; the unemployment rate of teen-agers (16-19) was estimated as double that of the overall rate.

Not only do the relatively large concentrations of minorities and teen-agers contribute to an understated estimate of unemployment but these groups also traditionally include large numbers of subemployed, in addition to those classified as unemployed--discouraged workers, persons desiring



a job but not looking because of their frustrations over job prospects; fully-employed low-wage earners, persons working full-time and throughout a full year, but not earning enough even to reach the poverty income threshold; intermittently-employed, low-wage earners, persons working intermittently but not earning above the poverty income threshold; and involuntary part-time workers, non-students who work part-time involuntarily for economic reasons. When these indicies of inadequate employment and earnings are added to the unemployment rate, they are likely to widen significantly the net of economic hardship. Thus, a realistic employment and earnings inadequacy index applied to a community like Mattapan is likely to measure about 15 percent, as contrasted with an estimated unemployment rate of about 10 percent, mainly because of the concentration of relatively disadvantaged residents in Wellington Hill, where more than one in five households has an income below the poverty line.

Despite the recent improvement in unemployment since the May, 1975 recession peak, future employment prospects for Mattapan residents are not favorable. Black workers, who account for two-thirds of Mattapan's resident labor force, face an unemployment rate estimated at 17 percent. Black male teen-agers are likely to encounter an unemployment rate close to 50 percent. The conclusion of the City's current

manpower plan is that the unemployment problem "substantially overwhelms the resources" of the current comprehensive employment-training system and that the local economy is currently unable "to produce sufficient numbers of jobs for the graduates" of training and work experience programs.<sup>4</sup>

Despite the fact that Mattapan's employment service needs correspond to those of other neighborhoods both in scope and kind, there are no general-purpose neighborhood-based employment centers in this community. The system of 17 neighborhood employment centers and 4 assessment centers operated by or sponsored by the city's antipoverty agency, Action for Boston Community Development, Inc.(ABCD) officially excludes Mattapan. In fact, ABCD's target area stops at the northern boundary of Mattapan, explaining why so few of ABCD's clients are Mattapan residents. Of 22,000 persons served by ABCD in 1976, only 258 or 1.1 percent of the total were residents of Mattapan. Of 3215 clients served by the Dorchester-Area Planning Action Council, ABCD's neighborhood arm in Dorchester, only 4.6 percent (147) of the total were Mattapan residents. Moreover, the system of job centers and mini-job centers operated by the state's Division of

---

<sup>4</sup>City of Boston, CETA Grant Application for Fiscal Year 1977 op.cit., p.19.

Employment Security does not include a Mattapan-based facility. In addition, since 1974 the City of Boston, as a prime sponsor under the federal Comprehensive Employment and Training Act, has gradually expanded its list of contracts with a variety of local institutions, including community-based human service agencies, to provide manpower services to targeted and/or resident populations. None of these City of Boston subcontracting agencies is based in Mattapan.

The only employment service based in Mattapan is the Boston affiliate of the nationwide Recruitment and Training Program sponsored by the Workers Defense League and supported by the U.S. Department of Labor and private foundations. This special project, operating in Boston since 1968 and in Mattapan since 1975, is designed to recruit and provide entry(i.e. through apprenticeship) and follow-up services to minorities interested in positions in the building and construction trades and with large-scale manufacturing enterprises, and to minority women in both white collar and blue collar positions in private industry, with an emphasis on the latter category.

The scope of services and client groups of the Recruitment and Training Program are limited by its goals and sponsorship. Pre-employment education and training for entry applicants and continuing education for placements are primary concerns of the program. The total number of

job placements averages some 150 per year, of whom an estimated half are residents of Dorchester and Mattapan.

Priority Needs and Service Gaps: Employment

Information for the special household survey and data from available official sources concerning employment levels and services in Mattapan indicate the following list of priority needs and gaps in service.

1. With an estimated unemployment rate of about 10 percent and with 10 percent of respondents indicating that they were unemployed or had been laid off, employment is a critical concern for appreciable groups of Mattapan residents; because unemployment rates for minorities and teen-ages tend to be understated, these two groups of Mattapan residents are likely to exceed the 10 percent estimate.

2. Under-employment is even more important than unemployment, reflected by 10 percent of employed persons wishing to work more hours and by 15 percent of those pointing to their unused skills.

3. Over one-third of the Mattapan residents indicated one or more of two needs for employment services -- where they were dissatisfied with their present jobs and did not know where to seek assistance in looking for or finding a new job; or where they suggested the likelihood of looking for a new job during the coming year, but not knowing where to get help in mattapan.



4. There are no general-purpose neighborhood-based employment service centers in Mattapan, although Mattapan's employment service needs equal or exceed those of Boston neighborhoods that benefit from the presence of such service facilities.

EDUCATIONAL AND RECREATIONAL NEEDS

Children's Needs

Education and recreation are primary interests of Mattapan residents because of the heavy concentration of households with children in this community and because of the prevalence of so many families with very young children. The 1977 household survey showed that 56 percent of Mattapan's households have children 17 years of age or younger.<sup>5</sup> This relatively high proportion varies very little among the four neighborhoods, exceeding 50 percent in each case. Moreover, Mattapan has unusually high proportions of very young children--34 percent of residents 17 or younger are below six years of age--as compared with 27 percent for the entire city of Boston.<sup>6</sup> Younger children in Mattapan ranged from a high of 37 percent of all children in Eastern Mattapan to a low of 25 percent in Western Mattapan and 23 percent in Wellington Hill. About 79 percent of all Mattapan children are enrolled in school, almost half of all children attending grade school. Most children not currently in school are six years of age or younger.

Most school-attending children from Mattapan (about 79

---

<sup>5</sup> The 1975 UCPC/CJP survey found that 38 percent of Boston's households contained children aged 17 and under.

<sup>6</sup> UCPC/CJP survey.

percent) are enrolled in public school; 26 percent go to school in Mattapan. Eastern Mattapan, however, has a significantly higher proportion(56 percent) enrolled in Mattapan schools explaining the relatively large proportion(48 percent) who walk to school. About half the school-attending children from Mattapan are transported to school by bus.

Before considering what Mattapan residents think about schools in their own community and those in Boston as a whole, it may be useful to look at some recent indicators of school achievement. Although school assignment patterns under desegregation policies complicate efforts to identify achievement levels of Mattapan resident children, three-fourths of whom attend school outside their community, achievement scores by race provide insights into how well the black school children of Mattapan are faring and what their educational needs might be. Analysis of 1976 reading scores for the entire public school system of Boston(grades 1-11) shows that two-thirds of black students are reading below average as contrasted with one-third of white students. At the elementary level(grades 1-5) only 40 percent of black and other minority students(i.e. Hispanic) are reading average or above compared with 70 percent of white pupils. At the middle school level(grades 6-8), two-thirds of enrolled black students demonstrated below-average reading skills compared with one-third of white students, indicating

retrogression in reading skills as black children move along to higher grades. Reading achievement scores at the high school level confirm this tendency of black pupils to lose ground. At this stage 75 percent of the black students are reading below average as compared with only one-third of the white students. "...the percent of white students reading average or better ranges from a high of 80% at grade two to a low of 61% at grade nine. For blacks the percent of students reading average or better demonstrates an almost continuous decline from a high of 50% at grade one to a low of 22% reading average or above in grade nine."<sup>7</sup> In concluding that twice as many black and other minority tested students in 1976 were reading below average reading skills as contrasted with white students, the School Department's assessment suggested that these reading deficiencies were attributable to several factors, included the following potentially within the control and manipulation of the schools themselves: (1) inadequate individualized instruction, (2) racial tension and hostility in the learning environment, (3) instability of assignments of students and teaching staff to schools, (4) inapplicability of instructional materials to specific skill deficiencies of students, (5) lack of teacher capabilities through orientation and staff

---

<sup>7</sup> Boston School Department, "Application for Financial Assistance under Emergency School Aid Act, Title VII, p.6, 92-318", Jan. 17, 1977, Section B, p.9.



development to cope with desegregated environments. Added to these factors was the suggestion that insufficient attention may have been devoted to the development and remediation of reading skills in school and at home.<sup>8</sup>

An assessment of mathematics achievement in the Boston public schools (for students in grades 4, 6 and 9) produced deficiency outcomes similar to those in reading. From one-half to three-fourths of tested black students revealed below average skills in mathematics concepts (71%), computations (53%) and applications (72%) as compared with one-third to two-fifths of tested white students (38% for concepts, 40% for computations and 38% for applications). Black students had higher percentages than white pupils in below average categories in grade 4, in grade 6 (twice that of white pupils), and in grade 9 (almost twice that of white pupils).<sup>9</sup>

In mathematics, as in reading, the disparity in achievement as between black and white students increases steadily from the elementary grades through high school. The School

---

<sup>8</sup> Ibid, Section B, p.12. Reading scores of black and other minority public school children in Boston for 1977 showed little improvement over the prior year. Although black pupils in the second, fourth, fifth and sixth grades made one-month gains in total reading scores, this was due mainly to improvement in word knowledge not comprehension, a more significant measure of reading skill. Students in the sixth and ninth grades, revealed the fewest gains. (From story in Boston Sunday Globe, July 10, 1977, p.42).

<sup>9</sup> Ibid, Section B, p.15-17.

Department's assessment listed the following explanatory factors for the racial gaps in mathematics test results:

(1) minority group isolation(schools with more than 50 percent black), (2) inadequate environmental reinforcement, and (3) the "reading bias" of the mathematics achievement test. Since many black students are below the average in reading skills, they tend to perform poorly on the mathematics achievement test, especially in concepts and applications requiring average reading skills.<sup>10</sup>

Dissatisfaction with the educational performance of their children has generated considerable dissatisfaction among parents with local public school systems. When asked to rate the quality of education the children attending schools in Mattapan were receiving, 21 percent of the respondents in the 1977 household survey rated Mattapan schools as "poor". In comparing Mattapan's public schools with those elsewhere in Boston, almost half considered that they were of equal quality. In comparing Mattapan's public schools with private and parochial schools in Boston, however, 43 percent of the respondents thought that Mattapan schools were of lower quality. But it should also be noted that almost one-third of the adults answering questions about schools felt they did not know enough about them to render a judgement. A

---

<sup>10</sup>Ibid, Section B, p.22.

similar percentage pleaded ignorance when asked how public schools in Mattapan could be improved. And nine percent of the respondents were completely pessimistic indicating that nothing could be done to upgrade the schools.

The special needs of older children are perceived by residents to be of high priority, however. Some 40 percent of the respondents felt that teenagers with nothing to do constituted a major problem in Mattapan. This supports previously-cited data on Mattapan's relatively high ranking on number of juvenile arrests. Moreover, Mattapan residents have a poor image of the capabilities of the youth-serving facilities and agencies to do something about this issue. Of households in the 1977 survey with children over six years of age, 58 percent of them felt that available recreation programs and facilities were of poor quality. The respondents are obviously rating recreation areas and services under jurisdiction of the City's Parks and Recreation Department and such existing youth service delivery systems as the Youth Resource Center(1165 Blue Hill Avenue) operated by the City's Youth Activities Commission, the youth program of the Mattahunt Community School(100 Hebron Street, off Cummins Highway), and the youth component of the special Mattapan Police Community Relations Program. The Youth Resource Center(YRC) is primarily a one-to-one case work agency working with juveniles identified as troublesome by the police and

courts, schools, parents, other agencies or the youth themselves. YRC activities emphasize counseling and personal services. The Mattahunt program primarily serves groups organized into specific activities or projects. The youth component of the Police Community Relations Program attracts resident teenagers to spectator sporting events and informal leisure-time activities that provide contact between youth 12-15 years of age and police officers attached to Police District 3.

A recent proposal to upgrade Boston's youth development delivery system concluded that few juvenile delinquency prevention services were being provided in Mattapan. Rationale incorporated in the proposal identified major gaps in service, available services that were inaccessible to youth with priority needs, and youth-serving agencies that were under-financed and below minimum levels of capacity. The proposal cited Mattapan as a community with almost no viable youth services program and with limited outlets for constructive activities during the 3-10 p.m. period. It suggested that existing youth-serving agencies were not reaching youth most in danger of becoming delinquent and listed as priority delinquency-prevention needs the following services: supplementary education, job and training assistance, social services and recreation.<sup>11</sup>

---

<sup>11</sup>Boston Teen Center Alliance, Inc., "Positive Youth Development", A Proposal Submitted to the National Office of Juvenile Justice and Delinquency Prevention, (undated), 73 Hemenway St., Boston, Mass., 02115.



Recent allocations of Community Development Block Grant funds to Mattapan are a response at least to high-priority recreation facility needs of this community and to some of its recreation program needs. In 1976, for example, \$100,000 was set aside for upgrading of Walker Playground in the Wellington Hill area, mainly for equipment repairs and replacement. The following year an additional \$88,000 was made available for a tot lot and shelter at this same facility. Similarly, \$65,000 was allocated in 1975 for tennis courts at the Almont Street Playground in West Mattapan; \$100,000 was added the next year for site improvements. A supplementary allocation of \$50,000 was also made available for a neighborhood-based maintenance and recreation program (both outdoor and indoor) at this facility for children of school age.

The relatively high proportion of households with pre-school children explains the heightened interest of survey respondents in Mattapan to issues of child care arrangements. In 54 percent of the households where there were children six years of age or younger, the children's mother was identified as usually responsible for such children during the day and/or after school. Although 84 percent of this group of respondents with young children expressed satisfaction with their present child care arrangements, including the utilization of five state-licensed Mattapan-

based day care centers accommodating some 200 children,<sup>12</sup> a surprising 14 percent felt that if a day care center that they could afford were available in Mattapan, they would very likely take advantage of its services. There was little variation on this issue across the four neighborhoods of Mattapan.

A number of factors explain this significant degree of interest. Only one of the day care centers in Mattapan serves very young children (under 2-1/2 years old). Existing facilities cannot meet the needs of children going to school only part of the day i.e., those attending a half-day of public kindergarten. Also lacking in Mattapan are child care services on week-ends and for parents working irregular hours.

Moreover, 39 percent of those responding to this question on making use of a new day care center stated that if their children were enrolled in such a center, the person now responsible for their care would seek either full or part-time employment; another 12 percent of this child-caring group would continue their education.

If the 14 percent of respondents expressing an interest

---

<sup>12</sup>

The five day care centers, all privately operated, serve children from three months to six years--Children's World Educational Center, Fessenden Community Day Care Center, Hillsboro Nursery Kindergarten, Lee's Day Care Center, and Wee Toddlers.

in using a new day care facility is accepted as an index of unmet demand for day care services in Mattapan, making allowance for children already attending day care, an estimated 160 pre-school children (there are about 1350 children in Mattapan between the ages of two and six and only some 200 enrolled in day care facilities) might be attracted to expanded day care services.

#### Adult Needs

Despite the fact that Mattapan adult residents have educational achievement levels (73 percent have high school diplomas and/or post-high school education) that exceed those for the city as a whole (66 percent have high school diplomas or better) and for other Boston neighborhoods, survey respondents conveyed deep-seated interest in continuing their education. Some 64 percent of them stated they wanted to continue their formal education. An incredible 47 percent of the respondents were either currently enrolled in educational programs or were likely to enroll during the coming year. Even in Mattapan neighborhoods with relatively high proportions of college graduates--18 percent in Eastern Mattapan and 15 percent in Western Mattapan--there were solid expressions of such interest in continuing formal education. Among the most frequently cited reasons deterring enrollment in further education were (1) cost--26 percent, (2) family obligations--19 percent, and (3) inaccessibility of educational programs--5 percent.

As for adult recreation needs and the quality of available recreation facilities for adults in Mattapan, the household survey generated mixed perceptions. A clear majority of respondents (73 percent) conceded that they never used recreation programs and/or facilities in Mattapan. Thus it is not surprising that as many as two out of every five respondents were unable to render a judgement regarding the quality of existing recreational services available to adults. One of every four respondents, however, was not at all satisfied with Mattapan-based recreational programs and facilities. In suggesting changes they would like to see made, 35 percent of the ideas related to the addition of facilities or improving those already in place.

Priority Needs and Service Gaps: Education and Recreation

Information from the special household survey and data from available official sources concerning education and recreation in Mattapan indicate the following list of priority needs and gaps in service:

1. Education and recreation are high priority interests because of the concentration of households with children and because of the prevalence of so many families with younger children.

2. Since two-thirds of Mattapan residents are black, achievement scores that show two out of every three black children in the public schools reading below average as



contrasted with one out of every three white children are a source of major concern. Similar disappointing achievement results in mathematics, show one-half to three-fourths of black students with below average skills in mathematics concepts, computations and applications.

3. Teenagers with nothing to do are considered to be a high-ranking problem in Mattapan.

4. Residents with children over six years of age consider available recreation programs and facilities to be of poor quality.

5. Mattapan has been cited as a community with almost no viable youth services program, with limited outlets for constructive activities.

6. Youth-serving agencies in Mattapan are not reaching delinquent-prone youth; priority delinquency-prevention needs are supplementary education, job and training assistance, social services and recreation.

7. There is a significant unmet need for day care services in Mattapan, estimated at about 160 day care slots, despite the availability of neighborhood-based day care resources for some 200 children; highest priorities in day care are for very young children (under 2-1/2 years old), for children requiring full-day services, for week-end care, and for care of children with parents working irregular hours.

8. Continuing education at all levels is cited by two out of every three residents as a priority need.

HEALTH NEEDS AND SERVICES

Data from the 1977 household survey and findings in several recent reports on health care substantiate that there are certain unmet health needs in Mattapan and that residents are concerned about the availability and quality of available resources to serve such needs adequately and effectively.

Adult Health

The primary determinant of adult health used in the household survey was self-reporting by adult resident respondents about their own health status. A significant 24 percent reported their health as being only "fair" or "poor". This compares with 14 percent of a sample representing a Mattapan-Franklin Field study area in 1972 citing similar feelings about their health.<sup>13</sup> The fairly substantial 24 percent of adults not perceiving themselves as being in good health by the 1977 household survey was uniform across the four neighborhoods of Mattapan.<sup>14</sup>

<sup>13</sup>

James Teele and Wornie Reed, "Report of a Survey of Health Needs in the Mattapan-Franklin Area of Boston, Massachusetts," Prepared in Cooperation with Operation Exodus, Boston, Mass., July, 1974, p.31.

<sup>14</sup>

A 1970 survey for the Boston area (Standard Metropolitan Statistical Area) disclosed that 13 percent of the respondents(571) rated their own health as "fair" or "poor". See Survey Research Program, Use of Health Care Services in Greater Boston, A Report of Data from the 1970 Boston Area Survey(undated).

Closely related to adult ratings of their own health are household survey findings in 1977 on initiatives taken by residents in Mattapan to prevent illness and to provide for their health needs. For example, eight percent of the respondents noted that they had not seen a physician in more than two years. This relatively low percentage conforms with the conclusion of a recent study that residents of South Dorchester, encompassing Mattapan and a population three times that of the Mattapan as defined in this feasibility study, were "receiving a number of medical visits close to the range of expected demand established in this report...."<sup>15</sup> Although this latter report indicated a normal pattern of utilization of available health resources, it should also be noted that 16 percent of the adults in the 1977 household survey conceded that they had not had a physical examination in more than two years.<sup>16</sup> Western Mattapan (25 percent) and Southwest Mattapan (23 percent), the more affluent of Mattapan's neighborhoods, had the highest proportions of respondents reporting no physical examination over the past

---

<sup>15</sup> Abt Associates, Inc., Ambulatory Health Care in the City of Boston: Needs, Resources and Priorities (April, 1974, Prepared for Office of the Regional Director, HEW (Region I), p.89. A 1975 study by the Survey Research Program on Community Needs and Priorities sponsored by the United Community Planning Corporation (UCPC) and the Combined Jewish Philanthropies (CJP) found that 25 percent of the 325 respondents living in the city of Boston reported not having seen a physician in more than two years.

<sup>16</sup> The 1975 UCPC/CJP survey disclosed that 25 percent of 325 interviewed Boston residents reported not having had a physical examination in more than two years.

two years. By contrast, only four percent of the residents from Wellington Hill, the neighborhood with the lowest median family income in Mattapan, indicated failure to undergo such an examination. More satisfactory demonstrations of preventive health care practices by Mattapan residents emerged in reported experience with blood pressure tests. Some six percent of the adult respondents stated that they had not had their blood pressure taken by a physician or nurse during the past two years.<sup>17</sup> Only in Western Mattapan, with negative responses of 13 percent on this question, did any neighborhood reach double-digit levels of failure to undergo recent blood pressure examinations.

A 1972 study of health needs in Mattapan supplemented self-rating of personal health conditions similar to the 1977 household survey with other indicators of health conditions or illness--(1) check lists of symptoms, including a short form of the Cornell Medical Index and the symptoms list used in the National Health Survey reported on in 1967; (2) indicators of disabilities, such as work-loss days, bed days and restricted activity that impair normal functioning

---

<sup>17</sup> According to the 1975 UCPC/CJP survey, 14 percent of the respondents living in Boston had not received a blood pressure examination from a physician or nurse during the past two years.



and suggest the need for health care; (3) recent hospitalizations; and (4) long-standing or chronic conditions. This study found that Mattapan residents had "a slightly higher rate of discomfort" than persons in a 1970 cross-cultural survey that used the Cornell Medical Index, but cited striking "similarities between the two study groups."

The symptoms most frequently mentioned by Mattapan residents in 1972 were "pain in the head", "shake or tremble", and "thinking gets messed up when you do things quickly".

Application to Mattapan residents of the symptoms list in the National Health Survey likewise showed little difference in the most frequently-cited symptoms as between Mattapan and the American-based national sample. "Getting up tired", "sore throat, fever", "waking up with stiff joints", "frequent backaches" and "frequent headaches"--the most frequently mentioned symptoms for Mattapan--were among the six leading symptoms identified in the national survey.

There was also little difference between the Mattapan group and the national survey as to seeing a physician in connection with the cited symptom.<sup>18</sup>

The 1972 survey of health needs in Mattapan discounted what appeared to be highly favorable comparisons between Mattapan and the sample in the National Health Survey,

---

<sup>18</sup> Teele and Reed, "Report of a Survey of Health Needs in the Mattapan-Franklin Area of Boston, Massachusetts", op.cit., pp. 20-23.

however, on indicators of disability--work-loss days, bed-days and restricted activity days--as being due to differences in sample selection, particularly because of oversampling of blacks, underrepresentation of males and overrepresentation of younger people in the Mattapan methodology.<sup>19</sup>

For another indicator of health status--recent hospitalization--the 1972 survey asked the mother or mother surrogate whether she or those under 17 years of age in the home had been hospitalized during the previous twelve months. About 11 percent of the sample reported such hospitalization. Of those hospitalized, one-fourth were hospitalized two or more times. Some 20 percent of this hospitalized group revealed a lack of health insurance coverage.<sup>20</sup>

About 11 percent of respondents in the 1972 survey reported that they or their children under 17 years of age had long-standing health conditions requiring medication. Only twenty-eight percent of these cases, however, indicated that they were receiving such care or medication under a physician's supervision. And only 45 percent of persons reporting chronic conditions pointed out that they

---

<sup>19</sup> Ibid, pp. 24-25.

<sup>20</sup> Ibid, pp. 26-27.

had health insurance covering at least part of the costs associated with treatment of these conditions.<sup>21</sup>

The household survey of 1977 did not pinpoint the health care needs of particular adult groups but other available information readily identifies such special targets. For example, the 1065 live births attributed to Mattapan resident mothers in 1976 (15 percent of total resident births in Boston) ranks Mattapan among communities with the highest fertility rates (over 100 births per 1000 women of child-bearing age) in Boston. This fact, of course, indicates an unusual need in Mattapan for prenatal care.<sup>22</sup> Moreover, Mattapan has pockets of economic distress that have a bearing on health needs and access to health services. If the \$4000-\$8000 family income band is equivalent to the medical indigency range, one in every five household in Mattapan is ineligible for Medicaid and of insufficient income to afford health care. In addition, the previously-cited 1972 survey found that 14 percent of the sampled households in the Mattapan-Franklin area did not have any health insurance coverage. Other family heads had coverage but it did not apply to children and other adults.

Frequency of dental care for resident adults of Mattapan shows that this aspect of health is a relatively neglected

---

<sup>21</sup>Ibid, p.28.

<sup>22</sup>Data from Health and Hospitals Department, City of Boston.

need. According to the 1977 household survey, 45 percent of the respondents had not seen a dentist during the past year. This pattern of dental care utilization confirms the findings of prior studies, such as the 1974 Abt Associates survey covering Mattapan as part of South Dorchester. That report concluded that Mattapan (and South Dorchester) was "receiving 26 percent to 48 percent fewer dental visits than used by the national and prepared populations" and "many people in the community do not have the money to pay for dental care". Although interviewed persons in the Abt Associates survey "thought that most dentists take Medicaid for those eligible, even those people do not make an effort to seek out dental care, even for their children."<sup>23</sup>

Where and how Mattapan residents receive needed medical care is another measure of health needs and services. Most adults go to physicians' offices (46 percent) or to hospital clinics (30 percent). Only 9 percent use neighborhood health centers. However, seven percent reported receiving their health care at hospital emergency rooms or at no usual place. There seems to be little variation among the four neighborhoods of Mattapan as to this overall

---

<sup>23</sup> Abt Associates, Inc., Ambulatory Health Care in the City of Boston, op.cit., p.89.



pattern of health care utilization.<sup>24</sup> Income differences between population groups of Mattapan, however, dictate where residents go for their preventative health care. More affluent adults tend to rely more heavily on private physicians; lower income and elderly persons depend on hospital and neighborhood clinics. Adults in Wellington Hill, for example, receive most of their medical services at hospital clinics (48 percent) and neighborhood health centers (14 percent). Only 23 percent of Wellington Hill respondents used the offices of private physicians. Residents of the Southwest neighborhood, on the other hand, showed the greatest use of doctors' offices, with 63 percent of such residents indicating this pattern of utilization.

According to the 1972 Teele-Reed report, 14 percent of the respondents reported having no usual place for medical care; of the 460 persons in the sample of this study who indicated places where they usually sought medical care, about 58 percent identified clinics, mainly hospital clinics (about 38 percent) and the Harvard Street Neighborhood Health Center (about 20 percent), as the most utilized

---

24

The 1975 UCPC/CJP survey found that 13 percent of the Boston resident respondents received their health care at hospital emergency rooms or at no usual place.

medical facilities. Family doctors accounted for 31 percent of usual medical care choices. The lower proportions of Mattapan residents using private physicians revealed in the 1972 survey is attributable to greater concentrations of lower income populations living in the Mattapan-Franklin Field area targeted by this study. That a higher proportion of residents used the neighborhood-based Harvard Street health center is due to the following factors, in addition to large numbers of medically indigent within its service area: convenience and visibility of this ambulatory care facility; positive response of residents to the quality of service at the center -- 68 percent of the adult female respondents in the sample who had knowledge of its existence rated it as "excellent" (12 percent) or "good" (56 percent);<sup>25</sup> a history and tradition of neighborhood-based ambulatory health at this site going back over 50 years.

Findings of the 1977 household survey on unmet health needs of Mattapan residents as measured by (1) "poor or fair" self-ratings, (2) use of hospital emergency rooms or no usual place for health care, (3) failure to have seen a physician for more than two years, (4) no physical examination for more than two years, (5) no blood pressure test by a physician or nurse in more than two years, and (6)

<sup>25</sup>

Teele and Reed, "Report of a Survey of Health-Needs in the Mattapan-Franklin Area of Boston, Massachusetts", op.cit., Table 12, p.34.

failure to have seen a dentist during the past year may be summarized as follows: the typical interviewed adult had a median of two of these six health deficiencies; 85 percent of the total group reported one or more health needs, with the greatest single problem area being dental care.

### Children's Health

Three measures of health care utilization were used by the 1977 household survey to ascertain the scope and degree of unmet children's health needs in Mattapan: (1) whether a respondent cited use of hospital emergency facilities or indicated no usual place for medical care for children in the household; (2) whether children in the household had seen a dentist in the past year; and (3) whether a respondent reported fluoride treatment for children in the household.

Ten percent of the respondents in the household survey indicated an unmet children's health need as indicated by responses to the first measure. Although this level of unmet need did not vary across the four neighborhoods, there were distinct differences in the use of available health resources, especially in the use of private physicians and hospital clinics. Hospital clinics, for example, are the predominant source of medical services for children in Wellington Hill (48 percent) and Eastern Mattapan (57 percent). Eastern Mattapan had the lowest proportion (9 percent) of households where children

received medical care at the offices of private physicians; Southwest Mattapan had the highest proportion of such households (42 percent). There is a tendency, however, for a uniform proportion of children in households throughout Mattapan (56 percent) to see a particular physician at a medical facility, regardless of the type of facility.

The household survey also gave special attention to the levels of immunization of children below school age. For households with children six years of age or younger, respondents were asked how many of such children had received immunizations appropriate for their age. Of this group 84 percent reported that all children in the household had received all such immunizations. This 16 percent level of non-immunization is an improvement over rates of non-immunization for children entering South Dorchester schools cited in the 1974 Abt report: 23 percent for DTP/TD, 24 percent for polio and 27 percent for measles.<sup>26</sup>

As for children's visits to the dentist in the past year, respondents for 28 percent of the sampled households reported no such visits. Moreover, 43 percent of the sampled households with children reported that none of the children had had fluoride treatments. Both for visits to the dentist and fluoride treatment, there was little difference among the four neighborhoods of Mattapan.

---

<sup>26</sup>

Abt Associates, Inc., Ambulatory Health Care in the City of Boston, op.cit., p.87.



In summary, 28 percent of households with children had one or more of the three unmet health needs used to measure health care utilization. The highest priority in health needs of children in Mattapan was clearly in dental care.

#### Special Health Needs

Several items in the health section of the household survey were designed to provide information on several critical issues closely related to physical and mental health--(1) alcoholism and drugs, (2) physical and mental disabilities, and (3) personal and family problems.

While 10 percent of the respondents admitted to alcohol or drug-related problems in their households during the past year, 75 percent reported not knowing where to seek assistance within Mattapan for such problems.<sup>27</sup> Similarly 84 percent of the respondents were unaware of services in Mattapan available for the disabled, handicapped or retarded. And 86 percent did not know where to get help for personal, family or marriage problems despite the finding that 19 percent of the sampled households indicated such needs.<sup>28</sup>

---

<sup>27</sup> According to the 1975 UCPC/CJP survey, 15 percent of respondents living in Boston reported that there were alcohol or drug-related problems in their households; 30 percent did not know where to go for assistance with such problems.

<sup>28</sup> The UCPC/CJP survey disclosed that 22 percent of Boston residents admitted having personal, family or marriage problems; 46 percent reported not knowing where to go for help in connection with such problems.

Ambulatory Health Care in Mattapan

Because of the expanding significance of preventive health care and the wider utilization of ambulatory health care services by lower income population groups in Mattapan as in other neighborhoods, the household survey gave high priority to how much residents knew about neighborhood-based health centers, the relative cost of health center care and the degree of consumer satisfaction with health center services. One incredible finding was that two-thirds of the respondents were not aware of the existence of a health center in Mattapan. Only about half the respondents from Wellington Hill, where the Avenue Neighborhood Health Center has been located since November, 1971, knew of a neighborhood health center; only 25 percent of the Southwest Mattapan respondents were so aware. However, of the households that knew of a neighborhood health center in Mattapan, only half have actually used a center at sometime in their lives.

As for the costs of health care at neighborhood health centers compared with costs of private physicians, 97 percent of the household respondents indicated that their costs of services at neighborhood health centers were lower or about the same as fees charged at doctors' offices. Residents of the Wellington Hill area had the highest proportion of respondents reporting health center costs as lower (89 percent)

as contrasted with an average of 70 percent of residents from the other three neighborhoods reporting lower costs.

Mattapan residents seem to be less confident about the quality of care at neighborhood health centers. Only 21 percent of Wellington Hill respondents rated services at neighborhood health centers as of better quality than that of other medical facilities they had used. Not a single respondent from Western Mattapan or Eastern Mattapan ranked neighborhood health center care as better than services provided at other places.

The household survey data clearly suggests that lack of knowledge about the Avenue Neighborhood Health Center is critical to its utilization and full development. The Center's Director indicates that its present location is a deterrent to visibility and accessibility, particularly for elderly residents. He also emphasizes the unattractive exterior of the center building and notes that not being close to a busy network of commercial facilities is a serious locational handicap.<sup>29</sup>

Factors other than sub-optimal location and unattractive facilities, however, help explain the lack of knowledge and under-utilization of neighborhood health services and the tendency of Mattapan residents to use multiple facilities, particularly those of private physicians and hospital clinics, "...a complete range of services is not offered in any one place; the population doesn't realize the benefits of 'total care'; consumers test providers to determine which ones are best;

---

<sup>29</sup>Letter of March 4, 1977 from Gregory Bulger to Joseph L. Smith.

and they are looking for providers with attitudes with which they are comfortable".<sup>30</sup>

Priority Needs and Service Gaps: Health

Information from the special household survey and data from available official sources concerning health conditions and services in Mattapan indicate the following list of priority needs and gaps in service:

1. One out of every four residents rated their own health only as "fair" or "poor"; the average Mattapan adult has two of the following health deficiencies -- "poor" or "fair" health rating; hospital emergency room used for medical care or no usual place for medical care; failure to have seen a physician for more than two years; no physical examination for more than two years; no blood pressure test in more than two years; failure to have seen a dentist in more than two years.

2. Prenatal care is of unusual priority because of the relative large number of births to Mattapan residents and the relatively high fertility rates in Mattapan.

3. One in every five Mattapan households is within the medically-indigent range, ineligible for Medicaid and of insufficient income to afford health care.

4. Adult dental care is a relatively neglected health need.

5. Over one-fourth of households with children indicated one or more of three unmet children's health needs -- hospital emergency facilities being used for health care or

<sup>30</sup>

Abt Associates, Inc., Ambulatory Health Care in the City of Boston, op.cit., p.88.



no usual place for medical care of children; failure of children to have seen a dentist in the past year; children not having had fluoride treatment. The highest priority was clearly in dental care.

6. More than three-fourths of Mattapan residents do not know where to go for assistance with alcohol or drug-related problems; with problems of disabled, handicapped or retarded programs; or with personal, family or marriage problems.

7. There is an extraordinary lack of awareness about the existence of the Avenue Neighborhood Health Center, in operation for over five years.

NEIGHBORHOOD AND HOUSING NEEDS

How residents feel about their neighborhoods as places to live is an important perspective in measuring quality of life. To gain insights into neighborhood and housing needs, resident views were elicited on neighborhood safety and security, housing conditions, the delivery of City services, and their general levels of satisfaction with Mattapan as a residential community.

Crime in Mattapan

That residents of Mattapan are deeply concerned about crime came through loud and clear in household survey responses. Almost 40 percent of interviewed residents felt that it was "very unsafe" to walk alone on the streets at night. Over 40 percent of them expressed particular anxiety over vandalism, burglary and drug abuse, citing these as a major problem in Mattapan. One-fourth of the respondents identified robbery and assaults as "big problems". The interviews also provided evidence of expanding resident initiatives to deal more effectively with the rising tide of crime in Mattapan--for example, two-thirds of the persons in the sample mentioned arrangements with neighbors to watch one another's houses and apartments; almost three-fourths of those citing such arrangements maintain regular watches, not only on special occasions.

A noteworthy example of resident initiative in community crime prevention in Mattapan is the Mattapan Police Community Relations Program project in operation since June, 1972 and with federal funds through the Mayor's Office of Criminal Justice available to finance project activities through the remainder of 1977. Project goals are (1) to develop a police/community communications system that includes residents, police, business and social service agencies of the Mattapan area; (2) to implement selective components designed to enhance the community communications system; (3) to stimulate within residents a sense of responsibility and participation in law enforcement programs; and (4) to increase the percentage of crimes that are reported within the target area, with the ultimate intention of lowering the real crime rate in Mattapan. Strategies planned to achieve project goals included (1) an alert network, (2) a youth component and (3) a problem-solving process.

Only the youth component has proved to be a viable strategy. According to progress reports, project leadership concluded that the proposed alert network "was not practical"; and problem-solving workshops were not undertaken because of concern over their risks and the lack of consultant staff. Since July, 1976 the Boston Police Department has taken over responsibility for project management and monitoring from the Mayor's Office of Criminal Justice.<sup>31</sup>

<sup>31</sup> See Subgrantee's Progress/Final Reports to Mayor's Office of Criminal Justice(MOCJ) for following quarterly periods--6/1/75; 7/1/75-9/30/75; 10/1/75-12/31/75; 1/1/76-3/31/76; 4/1/76-6/30/76; 7/1/76-9/30/76--and a final progress report covering the period 6/1/75-2/28/76. Also see letter of 6/25/76 from MOCJ Grant Manager(Linda Weiss) to Program Director(Floyd Cully) commenting on final progress report.

The strong expressions of resident concern about crime and crime-related issues in Mattapan that emerged in the household survey are confirmed by available Boston Police Department data on reported crime in this community. Although the upward trend in crime rates in Mattapan mirror the citywide escalation of crime in recent years, what is particularly disconcerting to Mattapan residents are the rates of increase in serious categories of crime over the past five years, increases that exceed those for the city as a whole. A neighborhood crime analysis covering the three-year period, 1969-1971, had concluded that crime in Mattapan was low, when compared with averages for the entire city and with comparative data for designated neighborhoods. In 1971, Mattapan ranked 2nd among all 14 of Boston's neighborhoods in offense rates per 1000 population, only slightly worse than the Hyde Park neighborhood.<sup>32</sup> Recent rises in crime rates, however, have pushed Mattapan closer to citywide rates than they were in 1970 and in some cases, i.e. aggravated assault and burglary, even beyond citywide levels.

According to the accompanying table, the numbers of reported incidents for five of the seven most serious crime categories(excluding homicide and rape) and corresponding

---

<sup>32</sup> Mayor's Safe Streets Act Advisory Committee, Crime in Boston: A Statistical Analysis(undated), p.21-22, p.119.



rates of such crime per 1000 persons show that Mattapan(with 3.9 percent of the city's total population) has seen its share of the city's serious crime grow from 2.1 percent of the citywide total in 1970 to 3.9 percent in 1975; the next year, this proportion for Mattapan declined slightly to 3.7 percent. The total number of major crimes for Mattapan increased by 247 percent between 1970 and 1975 as compared with the 88 percent increase for the entire city. On the other hand, Mattapan's decrease in crime between 1975 and 1976 amounted to 10 percent compared with the citywide decline of only 5 percent, suggesting greater improvement in the crime situation in Mattapan than for the city as a whole. The data in the table indicates that the rate of aggravated assault in Mattapan doubled between 1970 and 1975, and continued to rise in 1976; that the rates of burglary and auto theft almost doubled by 1975, declined somewhat in 1976, but are still at rates that are almost twice those of 1970; that the rates of reported larceny were up by 2-1/2 times between 1970 and 1975, remained at about the prior year's level in 1976, but were still over 150 percent above the 1970 rate. Robbery was the only serious crime showing a really significant decrease in Mattapan in 1976 over 1975, down to a point just below the 1970 rate.

In two of the five categories of serious crime--aggravated assault and burglary--the rates for Mattapan are slightly higher than those for Boston as a whole. Escalation

TABLE V-1

CRIME IN MATTAPAN AND BOSTON FOR  
SELECTED YEARS

	1970				1975				1976			
	<u>Mattapan<sup>1</sup></u>		<u>Boston</u>		<u>Mattapan<sup>2</sup></u>		<u>Boston</u>		<u>Mattapan<sup>2</sup></u>		<u>Boston</u>	
	No. of Crimes	Rate per 1000	No. of Crimes	Rate per 1000	No. of Crimes	Rate per 1000	No. of Crimes	Rate per 1000	No. of Crimes	Rate per 1000	No. of Crimes	Rate per 1000
<u>Crime</u>												
Robbery	149	7.62	3392	5.41	314	12.80	7778	12.35	183	7.14	6125	9.72
Aggravated Assault	28	1.43	1622	2.59	106	4.22	3036	4.82	140	5.46	3290	5.22
Burglary	252	12.38	9972	15.89	895	35.63	18892	22.99	735	28.66	15834	25.13
Larceny	157	8.03	12289	19.59	690	27.47	22033	34.97	686	26.76	23992	38.08
Auto Theft	318	16.26	15278	24.35	1128	44.90	28219	44.79	1062	41.42	26441	41.97
Totals	904	4.62	42553	6.78	3133	12.47	79958	12.69	2806	10.94	75682	10.43

1. Excludes Southwest Mattapan. Estimated Mattapan population- 19,553.2. Includes Southwest Mattapan. Estimated Mattapan population- 25,640.Sources: Boston Police Department; Crime in Boston. A Statistical Analysis(Undated),  
Mayor's Safe Streets Act Advisory Committee.

of reported incidents in larceny and auto theft in Mattapan has brought the rates of incidence for these categories of crimes nearer to citywide levels and have raised the overall rate for the entire group of five serious crimes above the citywide average. Only robbery seems to have receded significantly from its 1975 peak to more normal levels. Moreover, recent victimization studies point to considerable under-reporting of serious crimes in Boston, varying from 28 percent for larceny(with the greatest degree of under-reporting) to 90 percent for auto theft(with the least under-reporting), suggesting that the actual numbers of most categories of serious crime in Boston and its constituent neighborhoods, including Mattapan, are two to three times the officially reported figures.<sup>33</sup>

Analysis of Police Department data on reported crime in Mattapan for the past two years indicates that robbery and breaking/entering take place in the Wellington Hill section in approximate proportion to that neighborhood's share of the total population(about 37 percent); Wellington Hill's percentage of Mattapan's total for assault and battery, however, tends to be significantly higher than this area's population percentage; for larceny, the percentage is significantly lower. Eastern Mattapan and Southwest

---

33

See U.S. Department of Justice, Law Enforcement Assistance Administration, Criminal Victimization Surveys in 13 American Cities(June, 1975), especially p.12-16, analyzing the data for Boston. The data pertained primarily to 1973.

Mattapan, which include much of the area's largest commercial center,<sup>34</sup> has been experiencing an inordinate proportion of reported larceny.

In Mattapan, as in other neighborhoods of Boston, juvenile crime and delinquency are an important aspect of the overall concern over crime. Serious youth offenses consist mainly of crimes against property--larceny, auto theft, burglary and robbery. With 3.9 percent of the city's population, Mattapan accounted for about 8 percent of juvenile arrests over a recent six-month period. According to the accompanying table, Mattapan ranked fourth among 12 designated neighborhoods of Boston in number of juvenile arrests.

#### Housing

Mattapan is essentially a residential community, one of Boston's newest "street-car suburbs". Its housing stock provides shelter for just over 8000 households. Four out of five families in Mattapan live in small, mostly wood-frame structures, containing one to three dwelling units. As indicated in the accompanying table, one and two-family houses constructed 25 to 75 years ago are the dominant housing types.

---

<sup>34</sup> From 1975 to 1977 police patrol in the River Street-Mattapan Square area was strengthened through overtime authorizations financed from Community Development Block Grant funds.



TABLE V-2

NUMBER OF JUVENILE ARRESTS BY NEIGHBORHOOD,  
January - June, 1976

<u>Neighborhood</u>	<u>No. of Arrests</u>
South End	458
Roxbury	260
Dorchester	218
MATTAPAN	<u>127</u>
Jamaica Plain	109
South Boston	88
Hyde Park	79
Allston-Brighton	76
Charlestown	74
East Boston	53
Roslindale	15
West Roxbury	11

Source: Data from Boston Police Department.

TABLE V-3

HOUSING IN MATTAPAN

<u>Housing Type</u>	<u>No. of Structures</u>	<u>No. of Dwelling Units</u>	<u>Percent of Total Dwelling Units</u>
One Unit	2052	2052	24.3%
Two Units	1254	2508	29.7
Three-Four Units	685	2192	25.9
Five or More Units		<u>1702</u>	<u>20.1</u>
		8454	100.0%

Source: Rolf Goetze and Ed Blaine, "Tables Showing Boston's Housing Stock and Values by Census Tract", Boston Redevelopment Authority, April 20, 1976, especially Tables 1, 2 and 3 of this memorandum. Data from all housing types in table except those of five or more units are for 1970. Census tracts 1010, 1011 and 68 percent of census tract are included in the definition of Mattapan. Data for structures of five or more units include multi-unit buildings constructed between 1970 and 1975.

The housing stock shown in the above table has been further reduced by scattered residential demolition, estimated at some 300 dwelling units over the 1970-76 period, and by conversions of residential structures to other uses, for which no estimate is available.<sup>35</sup> Thus there are probably just over 8000 dwelling units in Mattapan.

Over half the residential buildings in Mattapan are single-family houses. Single-family and two-family houses predominate throughout the southern, higher income section of the district. The area's multi-family apartment buildings

<sup>35</sup> Building Department records indicate demolition of 126 dwelling units between 1970-74. An estimated 100 dwelling units were demolished during each of the years 1975 and 1976, based on actual demolition of 92 dwelling units in 1974 and demolition plans in Mattapan under the Community Development Block Program.

are located mainly along Cummins Highway, a major thoroughfare separating Western Mattapan from Southwest Mattapan, and along River Street. Most of the single-family construction, especially in Western Mattapan, is 40 years old or less, having been built before World War II and in the two decades immediately following the end of the war. The single-family houses in Western and Southwestern Mattapan tend to be newer. Three-deckers are concentrated by and large in the Wellington Hill area of Mattapan and account for almost half the dwelling units in this section. They are mainly larger, two-bedroom units of double-bay design containing an average of some 1250 square feet of floor space.

Mattapan has a relatively high proportion of owner occupancy. Of the 4000 residential structures with one to four dwelling units, about 3400 or 85 percent of them are owner-occupied. (See owner-occupancy detail in following table.) Owner-occupied buildings in Mattapan contain some 5400 apartments, almost two-thirds of all the housing units in the target area. Owner-occupancy rates are highest in the Southwest, lowest in Wellington Hill.

TABLE V-4

OWNER-OCCUPANCY IN MATTAPAN

<u>Housing Type</u>	<u>No. of Structures</u>	<u>No. of Owner-Occupied Structures</u>	<u>Percent of Total</u>
One Unit	2052	1889	92.1%
Two Units	1254	1048	83.6
Three-Four Units	685	472	68.9
Total	3991	3409	85.4%

Source: Goetze and Blaine, "Tables Showing Boston's Housing Stock and Values by Census Tract", op.cit., Table 1.

Housing conditions in Mattapan range all the way from well maintained structures, both older and newer, located mostly in the southern tier to deteriorated and abandoned buildings on local streets running off Blue Hill Avenue in the Wellington Hill area. A 1973 survey of the conditions of residential buildings found that almost 10 percent of the residential structures in Mattapan had major deficiencies--in electrical, heating or plumbing systems--or had deteriorated to the point that their fix-up costs were fairly substantial(in excess of \$1000 per dwelling unit).<sup>36</sup> About half of these were located in Wellington Hill. Many of the residential buildings identified as needing major repairs were left-overs from the Boston Banks Urban Renewal Group (BBURG) program of the late sixties; some of them are abandoned, many are owned by the U. S. Department of Housing

<sup>36</sup>

See District Planning Program, Boston Redevelopment Authority, "Mattapan, District Profile and Proposed 1977-1979 Neighborhood Improvement Program", Fall, 1976, p.6, and "Hyde Park, District Profile and Proposed 1977-1979 Neighborhood Improvement Program", Fall, 1976, p.8.



and Urban Development(HUD) through FHA mortgage foreclosure<sup>37</sup> or by the City of Boston through failure to pay property taxes. There are also a significant number of vacant lots, once the sites for three-deckers, where abandonment ran its course, and either HUD or the City own the sites following demolition. In Southwest Mattapan, most of the units requiring major repairs are in the vicinity of Cummins Highway.

Concern over housing conditions in Wellington Hill has grown as more recent surveys identified pockets of housing deterioration that seem to be widening and growing in number even as residential upgrading, much of it stimulated since July 1975 by City of Boston incentives--Housing Improvement Program(HIP) cash rebates, federally-assisted urban homesteading and low-interest home improvement loans (Section 312), clearance of abandoned and unsafe buildings, and securing of vacant buildings--goes on alongside such deterioration. For example, a March, 1976 survey by the Boston Redevelopment Authority, covering more than one-third of the residential structures in Wellington Hill section of Mattapan, showed that about 8 percent of these required major improvements--in excess of \$1000 per dwelling unit (over \$3000 per three-decker); another 48 percent needed

<sup>37</sup>

A recent computer printout prepared by HUD shows that HUD owns 125 structures in Mattapan containing 284 dwelling units-- 28 one-family, 35 two-family and 62 three-family structures.

repairs ranging from \$500-\$1000 per dwelling unit(an estimated \$200 per three-decker).<sup>38</sup>

A comprehensive study of three-deckers in 1975, using the Norfolk section of Wellington Hill(just east of Blue Hill Avenue and south of Morton Street) as one of its pilot study areas, also found this phenomenon of simultaneous upgrading and deterioration occurring in Mattapan. The report cited that gross rent multipliers, used to measure market value, had fallen below acceptable levels in Norfolk; that sales prices of housing in this area were lagging behind inflation and that average sales prices were barely increasing due to a sluggish market and inadequate demand. Calling attention to the erosion of housing credit, to ominous signs of expanding abandonment and increasing foreclosures in the Norfolk area, the report concluded that many triple-decker owners were being forced to subsidize their operations and that future demand for and prices of triple-deckers in Norfolk were uncertain.<sup>39</sup>

The City of Boston has allocated Community Development Block Grant funds to housing and housing-related neighborhood improvement programs in Mattapan during the past three

---

<sup>38</sup> District Planning Program, Boston Redevelopment Authority, "Study of the Housing Improvement Program", March, 1976

<sup>39</sup> See Boston Redevelopment Authority and Boston Urban Observatory, Working Class Housing: A Study of Triple-Deckers in Boston (May, 1975).

years in accordance with the following schedule:<sup>40</sup>

	<u>1975-76</u>	<u>1976-77</u>	<u>1977-78</u>
Housing Improvement Program (Cash Rebates)	\$175,000	\$200,000	60,000
Homesteading-Acquisition, Marketing and Rehabilitation	195,000	245,000	80,000
Clearance of Abandoned, Unsafe, Dangerous Buildings	13,250	20,000	65,000
Securing of Vacant Buildings for Future Rehabilitation	--	5,000	20,000
Public Housing Project Improve- ments--Sidewalks and Lighting	--	--	146,300
Restoration and Improvement of Vacant Lots in Residential Areas	1,500	--	--

Cash rebates available to Mattapan homeowners under the Housing Improvement Program were designed to rehabilitate about 650 residential structures containing some 1200 dwelling units. The ultimate goal for the homesteading program is to transfer ownership and rehabilitate 20 residential properties owned by the U. S. Department of Housing and Urban Development.

To facilitate the achievement of the homesteading demonstration program in Mattapan(as in Ronan Park, Dorchester), HUD has also allocated \$320,000 to Boston, half of which is to cover loan guarantees ranging up to 70 percent of the

<sup>40</sup>

Additional allocations from Community Development and the City's own loan funds have been made to residential street lighting(\$58,132), sidewalk repairs(\$153,700), tree planting (\$37,500), pedestrian signals(\$25,000), public works improvements in Wellington Hill homesteading area(\$100,000), and to a variety of improvements to upgrade the Mattapan Square business district--lighting(\$105,000), off-street parking(\$85,000), street reconstruction(\$176,000) and street furniture(\$5,000). Future plans for additional neighborhood improvements include completion of the Walker Playground upgrading, street reconstruction, water and sewer system replacements, several parking lots and street lighting.

total loans. The remaining 50 percent helps to finance a neighborhood-based nonprofit corporation (Community Training Dynamics in Mattapan). These funds supplement Community Development funds amounting to \$520,000 allocated by the City over the past three years to homesteading in Mattapan. To assist in homesteading rehabilitation, Section 312 rehabilitation loans have also been made available from the City's overall allocation of 312 funds, based on an estimated \$9000 per property, in addition to cash rebates reserved for Mattapan under the regular Housing Improvement Program. Major rehabilitation work is handled by the City through competitive public bidding; the drywalling phase of rehabilitation is carried out by crews consisting of persons hired under the federally-assisted Comprehensive Employment and Training Program. A three-year occupancy requirement is written into the homesteader's deed. Homesteaders will be Boston resident tenants with incomes in the \$10,000-\$15,000 range, too low to purchase a house in decent condition. Concentrated public works improvements in the homesteading area of Mattapan, consisting mainly of street lighting and sidewalk repairs, are planned to provide additional neighborhood encouragement of prospective homesteaders.

According to the 1977 household survey conducted as part of this feasibility study, some 40 percent of the



respondents felt that their housing costs were "too high"; this was particularly true of Wellington Hill, where 61 percent of the interviewees felt this way. Home owners in Mattapan estimate that their housing costs average about \$500 per month; for renters average housing costs are estimated at about \$260. Significant proportions of owners and renters are allocating more than 25 percent of their income to housing--over 80 percent of the owners<sup>41</sup> and over 60 percent of the renters.

The link between income and housing costs affects the capacity of owner occupants to improve their houses. Some 60 percent of the respondents indicated desires to make home improvements but expressed inabilities to do so, mainly because of the costs. About 20 percent of the respondents were home owners in Wellington Hill and Western Mattapan with gross family incomes under \$20,000, otherwise eligible for the City's housing improvement rebate, who noted that they could not afford the high costs of the improvements.<sup>42</sup>

---

<sup>41</sup>

This proportion is probably over-stated since the question asked of owners did not specify "the housing costs", rental income for two and three-unit residential structures being subtracted from total housing costs.

<sup>42</sup>

The family income limit for the HIP cash rebate equal to 20 percent of estimated value of eligible repairs is under \$16,000 of "taxable income".

How stable is Mattapan? One-third of the respondents stated that it was "very likely" or "somewhat likely" that they would move from their current home within the year. Of those who indicated that they might move at all--representing about half the respondents--57 percent observed that they would seek new housing outside of Mattapan; only 17 percent said their preference was to look for housing only within Mattapan.

#### City Services

One out of every five of the interviewed residents felt that public services in Mattapan were "not as good" as the rest of the city. In Wellington Hill, however, twice as many were negative about City services. Moreover, almost all residents (90 percent of the respondents) concluded that there were some aspects of City services that needed improvement.

Residents were also asked which services they felt should be upgraded from a list of services shown to them. Respondents from all neighborhoods felt that "street and sidewalk repairs" was the biggest problem; 69 percent identifying this as the highest priority. Respondents from the Eastern Mattapan and Southwest neighborhoods cited "public transportation" and "parks and playgrounds" as "major problems". In Wellington Hill interviewees pointed to "trash collection", "street lighting", "parks and

playgrounds" and "the job the police do" as among their important concerns.

#### Ratings of Mattapan

Overall, one-fourth of the residents were "very satisfied" with Mattapan as a place to live. Residents of Eastern Mattapan expressed the highest level of content (38 percent very satisfied") while residents of Wellington Hill were the least pleased (only 17 percent "very satisfied").

About 40 percent in all (nearly half in Eastern Mattapan and Western Mattapan) felt their neighborhood to be a caring, mutually responsive community, one where people help each other "rather than go their own way".

When asked what aspects of Mattapan they liked best, residents most often mentioned "quiet/clean neighborhoods", "convenience to shopping" and "good public transportation".

#### Priority Needs and Service Gaps: Housing and Neighborhood Conditions

Information from the special household survey and data from available official sources concerning neighborhood and housing conditions and services in Mattapan indicate the following list of priority needs and gaps in service:

1. The escalation of crime rates and growing concern about vandalism, burglary and drug abuse.
2. The rising tide of juvenile delinquency and youth crime.

3. Scattered housing deterioration and abandonment in the Wellington Hill area; sluggish market and inadequate demand for three-decker housing stock, especially in the Wellington Hill area.

4. Housing costs for large proportions of owners and renters in excess of acceptable standards comparing income with housing expense; inordinate housing costs a deterrent to motivations and capacities of owner occupants to upgrade their housing.

5. "Street and sidewalk repairs" identified as greatest need in City services; Eastern and Southwest Mattapan added "public transportation" and "parks and playgrounds" to services of highest priority; Wellington Hill residents added "trash collection", "street lighting", "parks and playgrounds" and "police protection".



## LEADER SURVEY RESULTS

### Methods/Background

The total number of persons interviewed in this study phase was twenty-nine. This figure represents close to 10 percent of the total household interviews conducted. Those persons to be interviewed in the leadership phase were selected in conjunction with the Project Advisory Committee. An initial listing of fifty-four(54) persons was developed by the committee in collaboration with project staff. The purpose of the leader interviews was to draw upon the knowledge and experience of persons acknowledged to be community advocates, and/or opinion-makers, in order to supplement information generated by the household survey and agency inventory.

Of the total number of leaders initially identified the following table depicts the basis on which an analysis was made:

TABLE VI-1

Completed Interview	29
Interviewed in household phase	7
Final Refusals	10
Unable to schedule	$\frac{8}{54}$

The majority of leaders surveyed have lived in Mattapan for one-to-seven years, with the bulk (41%) of these having lived in the area for 4-7 years. Nearly 80 percent of those

surveyed lived in either Dorchester or Roxbury before moving to Mattapan. The average age of those surveyed in this phase was 41 years of age, whereas 35 percent of the household sample were 40-64. Sixty-nine percent of the leaders interviewed were male, while 59 percent of those in the household sample were female. The leaders are a more highly educated group than the population-at-large as represented by the household sample. Eighty-two percent of the leaders have had some college education and beyond compared to 33 percent of the household sample. Marital status is fairly even between the leader and household respondents.

	TABLE VI-2	% <u>Household</u>	% <u>Leader</u>	
Married		60	68	
Single		19	14	
Widowed, Separated, Divorced	N=286	<u>21</u> 100	<u>18</u> 100	N=28

In terms of religious preference in a comparative vein, we have the following:

	TABLE VI-3	% <u>Household</u>	% <u>Leader</u>	
Catholic		36	22	
Protestant		53	52	
Jewish		5	7	
Other		2	7	
None	N=286	<u>4</u> 100	<u>11</u> 99.9	N=27

Relative to racial background we have the following:

TABLE VI-4

	<u>% Household</u>	<u>% Leader</u>
Black	63	74
White	35	22
Hispanic	1	4
Other	N=286 $\frac{1}{100}$	$\frac{-}{100}$ N=27

Turning to housing, we determined that 49 percent of those sampled in the household survey own their homes compared to 56 percent in the leader survey. The areas of Mattapan which approach the leader rate of home-ownership are Southwest and Western Mattapan. Finally, the median family income of the Mattapan leaders surveyed is nearly 1-1/2 times as large as the median family income reported in the household survey.

In summary, the leadership group is better educated, has a higher median family income, is more likely to be a home-owner, is more likely to be a male, is more likely to be black, is less likely to be Catholic, has about the same tenure in the neighborhood and is likely to fall into the largest age cohort(40-64), in comparison with the Mattapan population as reflected in the 1977 household survey. Those persons included in the leadership survey are affiliated with a number of street, or neighborhood associations, in Mattapan. They are also active as board members of agencies

serving the Mattapan community. The leaders also tend to be employed in professional, managerial, and white-collar occupations with some of them being self-employed.

#### Center Goals, Roles and Functions

The goals of a Mattapan Multi-Service Center as delineated by those surveyed in the leadership phase included the following:

- To provide needed services to the Mattapan community
- To be a family support agency
- To help the community meet its needs and solve its problems
- To act as a resource, information and referral agency

Primary functions which the leadership saw such a center carrying out included providing needed services, organizing and planning around community issues and concerns, monitoring public issues, providing family-oriented services, information and referral services, and having the capability for neighborhood needs assessment. The types of institutional models suggested within which such functions can best be realized included a multi-service model (particularly using the Roxbury Multi-Service Center or the Lena Park Community Center as models) and the YMCA model.

It was also noted that a Mattapan Multi-Service Center should play a leadership, advocacy, central service and information and service coordination role in relation to the Mattapan community. In regard to the role of such a



center in relation to other social service agencies serving the Mattapan community, the following items were noted: collaboration, cooperation, non-duplication of services, referral, resource agency, and service coordination. Relative to city agencies such a center was seen as playing the role of an advocate for Mattapan receiving adequate public services, a linkage agent, publishing information as to which city agency does what, and there was the feeling expressed that such a center should be independent of city agencies. In relation to state agencies, a Mattapan Multi-Service Center was seen as being an advocate for Mattapan, a watchdog, and an independent entity. Turning now to the perceived center role in relation to federal agencies, it was viewed as being a linkage agent, identifying neighborhood needs and securing resources from the federal level in order to address some of these needs, while remaining independent. Finally, in relation to the private sector such a center was perceived to provide employment training, to encourage positive business development in Mattapan, and to encourage the present businesses to remain in the area. In prioritizing the possible functions and services of a Mattapan Multi-Service Center, the following five areas had the greatest number of mentions: senior citizen programs, legal services, capability for neighborhood needs assessment, employment services, and youth services. Among

these priorities, the leaders mentioned youth services, employment services, and legal services as those program areas which might be possibly contracted out to other existing service organizations.

The designated neighborhood leaders were asked to identify gaps in the current social service delivery system, those services which were very important to add to those currently available, and the functions and services that a Mattapan Multi-Service Center should fulfill.

A rank ordering of those services mentioned across these three questions irrespective of initial rank yields the following:

TABLE VI-5

1. (a. Recreation, adults, young people  
(b. Employment services  
(c. Youth services
2. (d. Elderly services  
(e. After school programs  
(f. Legal services  
(g. Needs assessment/planning
3. (h. Information and referral  
(i. Day care  
(j. Programs for non-English speaking

The priorities by population groups were identified earlier in the section dealing with leader evaluation of services/agencies. The groups identified as receiving not enough services in rank order included: teenagers, people with low incomes(tie); families with children; grade school children, people with personal or family problems(tie);

young adults, middle-aged adults(tie); and people 65 and older, pre-school children, and black families. By correlating population groups which should have service priority with the combined mentions of service gaps/very important services to have/functions and services,(Table VI-5) an analysis reveals that pre-school children and people with personal or family problems are least well served by the service range outlined in Table VI-5.

Further, if we fold in the service range suggested by the Mattapan leadership in Table VI-5 with the top six mentions of very important services/important services to add from the household survey, the additional services which would be added to those noted in Table VI-5 include emergency help, special health and drug/alcohol service programs. These three additional service needs derived from the household survey can all conceivably be directed to at least five(5) of the priority population groups noted in the leader survey results.

#### Possible Center Site Locations

The Mattapan leadership surveyed reported that they would use the following rank order of criteria in selecting a location for a multi-service center:

TABLE VI-6

<u>Rank</u>	<u>Criteria</u>
1.	Close to public transportation
2.	Accessibility to major service need
3.	Close to major thoroughfare
4.	Proximity to a residential area
5.	A building available for rehabilitation
6.	Land available for new construction
7., 8. (tie)	(Proximity to a commercial area (Close to other major service agencies
9.	Land acquisition costs

In addition, accessibility to black and white residents is seen as important. Based upon the site location criteria, the following table delineates the facility preference as perceived by the leadership.

TABLE VI-7

<u>Facility Type</u>	<u>Frequency</u>	<u>%</u>
Rehabilitated	11	38
Newly constructed	11	38
No preference	5	17
Extension of existing facility/program	$\frac{2}{29}$	$\frac{7}{100}$

There is no consensus as to the type of facility the leaders would prefer to see developed. However, 54 percent (N=28) of those surveyed think that it is more feasible to rehabilitate a facility for the center. Locations mentioned for



possible multi-service center sites included the following:

TABLE VI-8

<u>Location</u>	<u>Rank</u>
Blue Hill Avenue near Walk Hill) Mattapan Square )	1
Morton Street and Blue Hill Avenue ) A location accessible by public transit)	2
Not in Mattapan Square	3
As an addition to Finast	4

Let us now turn our attention to suggestions for facility and service financing made by the Mattapan leadership. Of those leaders surveyed, 90 percent(N=29) think that public and private monies can be located to operate a multi-service center at an acceptable level for at least a five-year period. When asked if they could identify specific public and private sources which can help operate a center for at least a five-year period, only ten out of the 27 who responded to this inquiry answered in the affirmative. Specific public and private financing sources mentioned by these leaders included: the George Robert White Fund,<sup>1</sup> the Department of Health, Education, and Welfare, Associated Foundations of Greater Boston, Community Development Block Grant funds, the Department of Housing and Urban Development, Polaroid, Ford Foundation, Rockefeller Foundation, the Department of Labor, and businesses in the Mattapan area.

---

<sup>1</sup> See the Harvard Street Health Center case study and their expansion plan experience with the George Robert White Fund.

The following table presents a rank order of those functions which the leadership feels is most likely to attract public and private support for a Mattapan Multi-Service Center:

TABLE VI-9

<u>Rank</u>	<u>Function</u>
1	Direct Services
2	Community Outreach
3	Community Organization
4	Information and Referral
5	Advocacy

Service programs which were mentioned as most likely to attract public and private support in rank order include: health/medical, day care(tie); elderly services, employment services(tie); and community outreach and information and referral services(tie). If we assume that a Mattapan Multi-Service Center does not intend to offer health/medical services, but rather leave such service delivery to the accessible and highly rated programs at Harvard Street Health Center and Avenue Neighborhood Health Center, then we have day care services, elderly services, employment services, community outreach services, and information and referral services as being among the services which the leadership feels there is not only a need for, but they are probably supportable service programs in a financial sense.

In a related, yet tangential manner, perhaps it is

appropriate at this point to reflect upon implications of the household data on health/medical care in a market research sense. The data tended to reveal that less than adequate medical care was being received by Mattapan's middle-income neighborhoods, particularly in Western Mattapan and parts of the Southwest section. This seemed to indicate that these middle-income groupings were not using either of the available neighborhood health centers either due to attitudinal, accessibility or program eligibility factors. It would seem to make good business sense for a group of physicians with varying specialties to open up a group practice in an area adjacent to Western Mattapan and Southwest. With reasonable rates, such a group practice could seemingly cater to the middle-income residents who seem to be receiving more infrequent medical care than the lower-income residents, and such an arrangement could be lucrative for the physicians concerned. In addition, such a group practice would not seem to overlap the current health/medical programs in that the client population would not overlap.

Of the leaders surveyed, only five of 28 knew of public or private financial sources which could finance a rehabilitated or newly constructed multi-service facility. Public and private sources identified included: the George Robert White Fund, City of Boston capital funds, the Department of Housing and Urban Development, the Field Foundation, Community Development Block Grant funds, the

Committee on Permanent Charities, the Department of Health, Education, and Welfare, the Law Enforcement Assistance Administration, and the Department of Community Affairs.

Other issues which the leadership indicated should be considered in the question of a rehabilitated facility versus a newly constructed facility included, the costs and financing, the belief that new buildings draw attention but take longer, old buildings detract from the programs yet can start sooner, and questions of space and use and the soundness of the structure.

#### Institutional Models/Organizational Questions

The Mattapan leadership surveyed tend to see the multi-service center as an independent, non-profit, private agency unaffiliated in a formal organizational sense except for program funding with the City, State, and Federal levels of government. The center is also seen as a facility with an integrated range of services under a single Board of Directors with the board being elected by service area residents.<sup>2</sup> In addition, it is suggested that the board be composed of professionals and laypersons, providers and consumers, although there was lack of unanimity as to whether the board should be composed solely of Mattapan Community residents. The board was seen as having the

---

<sup>2</sup>

Although some concern was voiced with organizational disasters that have occurred with other multi-service centers in conducting service area board elections.



following governance functions:

TABLE VI-10

<u>Rank</u>	<u>Governance Function</u>
1	Setting Center Policy
2	Approving Center Budget
3	Approving New Programs
4	Approving Contracts
5	Hiring of Staff

The board is thus primarily viewed as a policy and program body that would hire an Executive Director with this person then hiring his/her own center staff.

A participatory model of governance and administration is the one which 93 percent(N=29)of the leaders think would best enable Mattapan community residents to realize their individual and collective goals. In concert with this preference for a participatory model of governance and administration, by a 2:1 ratio the leaders think that a centralized administrative structure would be more effective than a de-centralized administration for a multi-service community center. The leaders thus seemingly see the need for a policy and program oriented board elected by service area residents and composed of providers and consumers which hires a strong Executive Director and gives him/her appropriate responsibility and authority to carry out a centralized administrative program while allowing for elements of a participatory model of governance and administration.

In addition, the Mattapan leadership thinks the center should provide a community organization focus, have an advocacy function, and have an outreach function in addition to service delivery. In fact, 97 percent (N=29) think the center should not only provide services, but also be concerned with community organization and advocacy.

Major domain problems which the leaders think the center will encounter in dealing with other Mattapan area service agencies include: overlap, duplication, competition, trust, coordination, communication, and lack of cooperation. This implies that the center must be careful in service selection. Excluding health and medical care provided by Harvard Street Health Center, Avenue Neighborhood Health Center, and the Charles Drew Family Life Center, the major domain problem seems to arise with the relatively highly rated Lena Park Community Center.

Robert Perlman and Alvin Schorr<sup>3</sup> suggest that for a population of 50,000, two facilities emphasizing information and brokerage and located in central places would probably be fully used. Three or four additional centers combining information, referral, assessment, and some specialized services - each with 8-12 workers - would be required, with particular programs centralized at one of these centers. This ratio of staff to population is less than that of one

---

<sup>3</sup> Robert Perlman, Consumers and Social Services, John Wiley & Sons, 1975; Alvin L. Schorr, Social Security and Social Services in France, Washington, D.C., Government Printing Office, 1965.

worker to 400 families under a French system with similar responsibilities described by Schorr. If we take Mattapan (including SW, WM, EM, WH), Franklin Field, and that third of Dorchester to the southwest which is closest to Lena Park, then we have a population of around 75,000. Using the formula suggested by Perlman and Schorr, this implies that three facilities emphasizing information and brokerage and centrally located would probably be fully utilized. In addition, 4-6 additional centers combining information, referral, assessment and some specialized services would be required. Using a one worker to 400 families ratio, and assuming the average family size to be 3.2,<sup>4</sup> then 59 workers would be required. Given the demographic and social conditions in the Franklin Field, southwest Dorchester, and Mattapan areas, perhaps a one worker to 250-300 families ratio may be more desirable. This ratio would imply the need for around 78-94 workers.

Thus it seems as if in a population of 75,000 three centers would be fully utilized. Currently there is one multi-service center within this area and it is being fully utilized and is receiving high marks for its service delivery

---

<sup>4</sup> In Mattapan more specifically, the population size is 25,600 with around 8000 dwelling units. This implies that the average household, or family, size is 3.2 members. With 25 workers in a Mattapan Multi-Service Center the worker-family ratio would be 1:320.

and quality. It thus seems that developing a multi-service center facility in Mattapan is a viable option, and that a fully utilized center in Mattapan is a likelihood. In fact, Perlman and Schorr would probably contend that a third multi-service could adequately be supported by the combined population of 75,000 people. However, this approach does not fully address the fact that such multi-service centers given similar service ranges could all be looking to the same sources for funding, thus raising other inter-organizational domain problems.

When asked if they knew of any multi-service centers which would be recommended as models for having a record-keeping system which are more than adequately maintained for the purpose of service delivery, planning and on-going research, 12 out of 28 responding replied in the affirmative. Those multi-service centers identified which can serve as models because of their record-keeping system include by rank order of mention: the Roxbury Multi-Service Center, Lena Park Community Center, Dorchester House, United South End Settlement, and the United Community Planning Corporation. What probably needs to happen next within the context of these suggestions is that the record-keeping, and information systems of the above agencies be thoroughly studied in anticipation of a Mattapan Multi-Service Center. An additional suggestion in this regard is that the raw data generated by this feasibility study be included as an initial input into a Mattapan Multi-Service Center management information system.



### Center Status

The theme that seems to come through here is a community controlled model with staff accountable to the community presumably through the board in a policy/program sense, but also through the quality and capacity of service delivery. A system of checks and balances is seen as necessary, as is the necessity for providers, consumers, and business people to work together. It was also felt that the Executive Director in his/her role as administrator must be very competent, and also experienced in managing and administering a community-controlled, non-profit service institution. The returns were mixed as to whether the Executive Director be from the Mattapan community. However, the general feeling was that the chief administrative officer needed to be a strong administrator who conducted an organization which provided that there be places with upward mobility for community people.

Problems important to note at this point include: (1) the distinction between community control at the board level in a policy/program sense and community control at the staff level now being seen in a community management system perspective. Noel Tichy<sup>5</sup> in his case study of the Martin Luther King Neighborhood Health Center in the South

---

5

Noel M. Tichy and June I. Taylor, "Community Control of Health Services: Dr. Martin Luther King, Jr. Health Center's Community Management System," Health Education Monographs, Vol. 4, no. 2, 1976. The authors discuss the internal and external dimensions of control. Tichy and Taylor also refer to community management as worker management.

Bronx pointed up the importance of keeping these distinctions of the internal and external dimensions of community control in mind. In short, the MLK Center attained internal control through a community management system at the staff level, prior to attaining external control at the policy/program level of the board. A staffing program which allows for upward mobility and training can promote a community management model of community control. A full measure of community control would also entail responsible and effective control at the board level; (2) the consumer types which we can expect will approach currently existing agencies and any new social service agencies. Combining the typology of Robert Perlman and Philip Kramer, both derived from studies of the Roxbury Multi-Service Center, we arrive at the following types:

- a. The "buffeted" people who bring multiple problems and come over and over again in search of help.
- b. The "problem-solvers" who present a few difficulties with which they wanted assistance and which they are willing to contact the agency more than once or twice but not nearly as often as the first group.
- c. The "resource-seekers" who focus on one or two problems and "invest" only a few contacts with the agency. Also comes close to describing Kramer's type he calls "the hometowners." This type is well rooted in their neighborhood, they are interested mostly in achieving some immediate benefit for clients rather than in long-range planning, institutional change or social movements. The "hometowners" tends to view the agency as a means of assistance for his neighbors who are not being properly serviced

- by the bureaucratic institutions. This type is likely to be older, married, less schooled, less aspiring and less militant than the other types.
- d. The "striver" is middle-class oriented and compared to the "hometownner" or "resource seeker" has more education, is occupationally more ambitious, and identifies with the professional workers in the agency. This type is active in community-wide and city-wide organizations. If the "hometownner" or "resource seeker" is parochial, the "striver" is cosmopolitan. There are some resemblances between this type and the "problem-solvers."
  - e. The militant, social-action oriented "activist." This type would primarily see the agency as an advocate and community organization focal point for issues which could range from the specific to the general. A strong executive is needed in order to channel this type of consumer contact.

It is important to keep in mind that each of the types of consumers described in this section has a distinct set of expectations and a particular way of seeking and using the assistance of social agencies; (3) the distinction between staff roles and functions is important to note in this regard also. Those staff workers providing direct services will have differing responsibilities, stresses and strains than those staffing information and referral services. So too, those involved in advocacy and community organization activities will differ from each of the above two staff roles in terms of responsibilities, stresses, and strains. It is important to recognize these distinctions in program planning, staff selection, and in terms of organizational expectations.

In terms of center status within Mattapan, the theme seemed to be that through achieving results a center could gain community respect. Effective service delivery, community involvement, strong leadership, and responsibility seems to be the way for a multi-service center to gain status within Mattapan.

Just as the Lena Park Community Center and the Roxbury Multi-Service Center have developed and maintained status outside of their respective communities, a Mattapan Multi-Service Center should also address the development and maintenance of status outside of Mattapan. The leadership of Mattapan felt that such a center could develop outside status by doing an effective service delivery job, by interacting with other agencies and communities, by being a responsible, credible organization, and by documenting and publicizing its efforts.

#### Staff Training

All of those surveyed think a staff training program would be beneficial prior to opening such a center. The skills and knowledge the leadership surveyed think that it is important for staff in a multi-service center to possess includes: administrative/managerial; ability to work with all types of people; a knowledge of the community; sensitivity; social awareness and self-knowledge. These skills and knowledge are a mixture of cognitive and affective elements which vary in their ability to be taught.



However, it seems as if a staff training program could be designed and carried out once a center with a staff existed. Such a training program could be carried out with an educational institution such as the College of Public and Community Service, University of Massachusetts-Boston.

Training Program Content

		<u>Cognitive</u>	<u>Affective</u>
<div>Self Knowledge</div> <div>↓</div>	↑ Leadership Training		
	Management/Administration	x	
	Working with People and Groups	x	x
	Community Analysis	x	
	Sensitivity Training		x
	Social Skills and Awareness	x	x

In addition to a staff training program, which in conjunction with upward mobility possibilities within the agency promotes a worker-management level of community control, there needs to be thought given to a board training program. Particularly if the board is bringing together providers and consumers, professional and lay people, there is a need for board training. A good working model in this regard is the work the National Urban League has been doing since 1969 with its HEW-funded Consumer Health Education and Training Program. The intent of this program has been to identify, train, and place health consumers on various health planning agency, council, HMO<sup>6</sup>, and hospital boards.

6

Health Maintenance Organizations.

Such education and training has seemed to allow consumers to be more effective in dealing with the providers at the policy/program level of the board. Effective community input at the board level, whether as consumers or as providers, is an important element of community control in addition to such control at the staff level. To this end, an effective training program for staff and board should be considered prior to opening such a facility.

## DEMAND ANALYSIS

### Introduction

The purpose of this section of the report is to synthesize the demand data from the agency survey, the household survey, and the leadership survey into a composite whole so as to ascertain the level of demand in Mattapan for a multi-service center. Included in this demand analysis will be a discussion of transportation alternatives now being considered for Mattapan and surrounding communities and a look at transportation needs in Mattapan as delineated by a 1973 study.<sup>1</sup> The discussion of demand in relation to transportation variables is important for two reasons: (1) the extensive study now under way in Mattapan and surrounding areas of transportation improvements which can potentially have impact on social service accessibility; and (2) the emphasis in the leadership survey<sup>2</sup> on selecting a site for a multi-service center that is convenient to public transportation.

### Mobility in Mattapan

The Southwest Special Mobility Study included a house-

---

<sup>1</sup> Boston Transportation Planning Review, Southwest Special Mobility Study, April 6, 1973.

<sup>2</sup> The leadership survey is reinforced by other studies which show that higher utilization of multi-service centers is a function of accessibility, and in low-to-moderate income communities where public transportation is a prime mobility mode, a facility which is accessible to public transportation would probably be more fully utilized.

hold interview with a one percent sample<sup>3</sup> of a study area that included parts of the South End, Roxbury, North Dorchester, Jamaica Plain, and Mattapan, and a 3.5 percent sample of an area in Roxbury and North Dorchester (see Fig. 7-1).<sup>4</sup> Transit-dependent residents of this area face particularly serious mobility problems because the bulk of their travel must be made on public transportation vehicles. Off-peak/non-work trips are most difficult because of their dispersion timewise and geographically, although such trips may constitute the bulk of travel demand by the members of such transit-dependent groups. Coupled with this issue of delivering needed services are the unique problems generated by the presence of a relatively large proportion of the Mattapan<sup>5</sup> population that is economically disadvantaged.

Residents of the Southwest Corridor, including Mattapan, who require special mobility services are:

(1) The elderly, who have physical difficulties using public transit. Their mobility is limited by poor transit service for shopping, health care, social services and social-recreation trips.

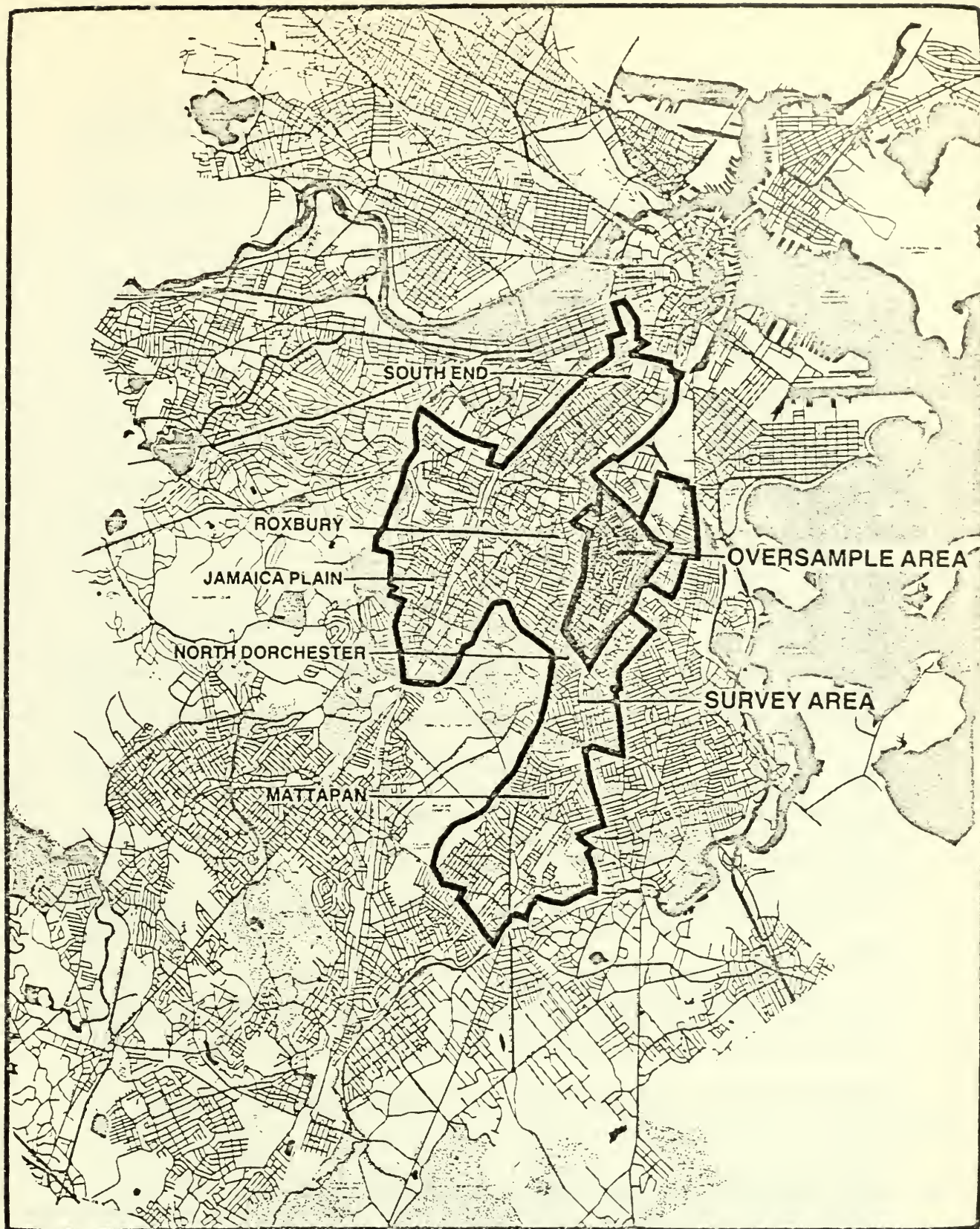
---

<sup>3</sup> A total of 811 households were interviewed in the study.

<sup>4</sup> See Southwest Corridor Environmental Impact Analysis for the Proposed Orange Line Relocation, and Arterial Street (Volume I of II), Massachusetts Bay Transportation Authority and Massachusetts Department of Public Works, May 1976, section 3.2.3.

<sup>5</sup> Mattapan comprised 18 percent of the interviews in the Southwest Special Mobility Study (April 1973); 1.3 percent of the occupied dwelling units in Mattapan were interviewed. Mattapan was thus over-represented in the above study compared to other study area neighborhoods. A total of 145 households were interviewed in Mattapan. See p.37, Figure 4 of the above study.





## SOUTHWEST SPECIAL MOBILITY STUDY AREA

FIGURE VII-1



SCALE



Source: Southwest Corridor

Environmental Impact Analysis  
for the Proposed Orange Line  
Relocation and Arterial Street  
(Vol. I of II), MBTA and MDPW, (May 1976).

(2) The young, who are dependent on transit to reach school and recreation areas.

(3) The handicapped who are often unable to use the present transit to reach school and recreation areas.

(4) The poor, encompassing a large number of working people, whose transit-dependence limits their mobility for work, shopping and all other trips.

Among the findings of the special mobility were (1) work, shopping, medical care and recreation are the major trip purposes where major improvements in the level of non-private transportation service are required; (2) much of the latent or unmet demand is for transportation on a local, small scale level. Twelve percent of the households surveyed indicated there was a potential work place that they could not reach. Ten percent of the respondents gave similar answers with respect to medical trips for their children. Seventeen percent said they would like to go to a park or beach which is inaccessible by public transportation.

Thus, high mobility--as defined by the special mobility study--seemed to suggest two criteria: demand-sensitive transportation and accessible transportation.<sup>6</sup> Demand-

---

<sup>6</sup>See Southwest Special Mobility Study (April 6, 1973), especially pp. 81-89 for a fuller discussion of the findings.



sensitive transportation refers, in general, to more or less fixed routes that meet a specifically defined need (e.g., the need for public transportation accessibility to a multi-service center), but also a mechanism that is sensitive to the constantly shifting needs of an area.<sup>7</sup> In the specific sense, demand-sensitive transportation must meet individual needs, particularly during off-peak hours. Much of the business conducted by a multi-service center occurs during the off-peak hours, thus reinforcing the need for demand-sensitive transportation. Accessibility refers to trip origins and destinations and how to provide transportation to and from the greatest number of each. One can approach the goal of moving people from different residences to one door(e.g., a multi-service center) through the use of such facilities as dial-a-bus or scheduled minibuses which can be operated under contract by an institution for its clients. The special mobility study also noted that much of the unmet demand articulated in the survey was for local, short-distance trips, which may also suggest an opportunity for introducing smaller vehicles providing more personal service.

---

7

Mattapan's racial, ethnic and age composition has changed markedly since the 1970 U.S. Census of Population and Housing was published. However, as in 1970, the 1977 household survey indicated that 52% of the population have lived in their current residence for five years or less. Perhaps the main consistency of Mattapan, despite other changes, is that it will remain a predominantly residential community.

A multi-service center site that is highly accessible to public transportation would reduce the need for smaller vehicles. Such multi-service center site accessibility would provide a partial solution on the destination side of the origin-destination equation. The trip origin side of the equation would be partially soluble within the demand-sensitive framework.

A statement of the demand in the Southwest Corridor in general, and Mattapan specifically, would seem to suggest that to provide the area with higher (or minimally necessary) mobility is a major task that includes a coordinated network of major transportation routes, general knowledge of that system, an on-going mechanism to make the system responsive to changes in the needs, and a supplemental system of local and feeder transportation. Current work now underway to address this demand includes the MBTA's Orange Line relocation study, including pre-grant engineering and design work, and the replacement service study. In the latter study, the MBTA has awarded a \$3.2 million contract to design and locate the new Roxbury Replacement, Mattapan-Dorchester Transportation Improvements. This project has as its objective the completion of sufficient technical and community work to prepare an Environmental Impact Analysis of alternative means of providing transit service in the Roxbury, Dorchester, Mattapan, and Milton communities as a replacement for the



existing bus system that feeds the Egleston and Dudley Stations on the Elevated Orange Line. Related to this transit study element is a land use study component the objective of which is to conduct detailed land use planning for the areas around the proposed transit stations. The proposed station areas are surrounded by medium density residential neighborhoods with some commercial and industrial uses.

Alternatives to be investigated in the transit study element include a separate service that would be provided by a line intersecting the Relocated Orange Line at Ruggles Street. Potential alignments, once leaving the former Inner Belt cleared land, would include: Warren Street, Blue Hill Avenue and the Midlands Right-of-Way. Modes of service to be studied are: trolley bus or kinetic energy bus, light rail, or rapid transit cars. Other alignments and connections to the existing system as well as a connection to the South End Replacement Service are also to be studied. Products from the land use study element include detailed land use plans--policies, maps and supporting documents (market, cash flow and legal analyses) along with recommended implementation program.

Conceivably then, these extensive studies around Roxbury and South End Replacement Services and Dorchester-Mattapan Transit Improvements could have an appreciable impact on the

accessibility of a Mattapan multi-service center and on the levels of utilization. The flow of people dependent upon public transit making trips into Mattapan could change markedly, as could the flow of Mattapan residents dependent on public transportation making trips to other communities. This implies that the consumer's choices could broaden in terms of deciding to use a multi-service center; it also suggests that a multi-service center in Mattapan could very well end up servicing a population potentially greater than the 25,600 persons now residing in Wellington Hill, Eastern Mattapan, Western Mattapan, and Southwestern Mattapan.<sup>8</sup>

#### Agencies, Residents and Community Leaders

Utilizing a functional definition of the service range to which a community should have access indicates a list of 18 service categories (contrast this ideal functional system with the Mattapan area service agencies described in the

<sup>8</sup>

A rejoinder in this regard is Robert Perlman's finding in Consumers and Social Services (1975): John Wiley & Sons, Inc., N.Y.) that use of a multi-service center varied directly with distance from the facility. This finding is contrary to John B. McKinlay's findings in "Some Approaches and Problems in the Study of the Use of Services-An Overview," Journal of Health and Social Behavior, published by the American Sociological Association, Vol. 13, No. 2, June, 1972, p.115-152, though the studies to which McKinlay refers are mostly in the health service field. Perlman goes on to note that consumers do look upon travel, with its accompaniments of time, carfare, and so forth as a cost to be paid for obtaining services. Beyond a certain point they are unwilling to pay the cost (see p.55-63). McKinlay's observations were that "there is little evidence that the geographic proximity of services to potential consumers in itself necessarily produces increased rates of use," p. 122.

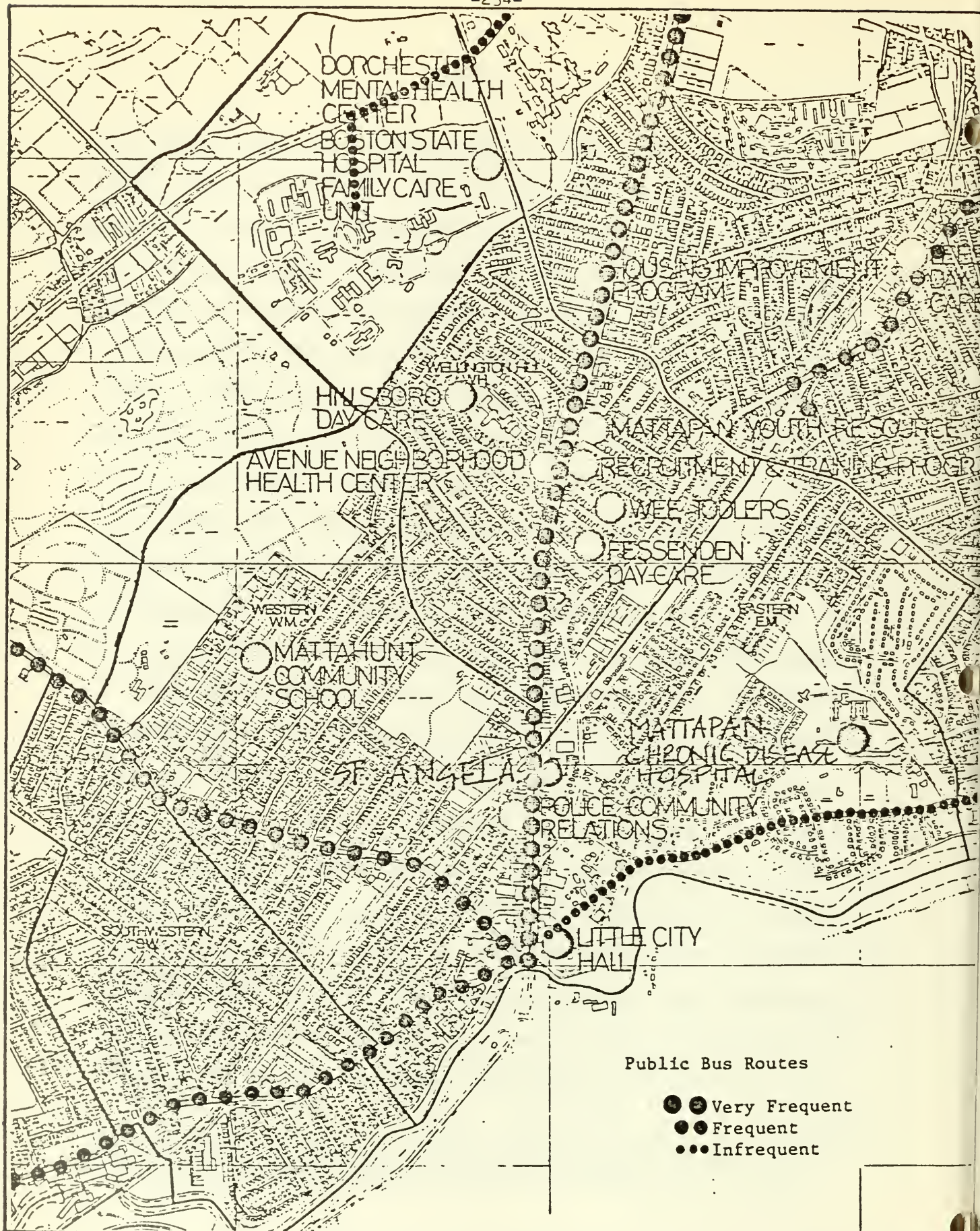
Agency Survey section). Of the 18 service types in this functional system, Mattapan lacks a residential youth center. The predominant "supplier" of the range of services suggested by this functional system to any part of the Mattapan area is the Lena Park Community Corporation. Lena Park provides 13 of the 18 suggested services to a potential population base earlier estimated as some 75,000 persons. Furthermore, Lena Park was highly rated by respondents in the leadership survey. The Mattapan Little City Hall provides 8 of the services comprising the functional system. The leadership survey found the Mattapan Little City Hall ranked just barely in the top ten of Mattapan area agencies. The Mattahunt Community School provides 4 of the functional system service range; it also ranks among the top ten of Mattapan area agencies. Of these three service providers, the Mattapan Little City Hall is probably the most accessible by public transportation, while the Mattahunt Community School is the least well served by public transportation. Lena Park is somewhat inaccessible by public transportation except for two buses from Dudley Station in the morning running down American Legion Highway, by the bus running from Egleston Station which stops at American Legion Highway and by a short bus route down American Legion as far as Mt. Hope.<sup>9</sup>

---

9

A medium-to-long distance walk is required on each of the above routes, except for the two peak morning routes from Dudley Station.







The other service agencies delineated in the functional system tend to offer specialized services. Moreover, for the most part, they do not meet the Mattapan service potential capacity, are not known by Mattapan residents or are somewhat inaccessible to segments of the population who could make good use of their services.

Of the major service agencies surveyed, Lena Park is the only one whose spokespersons expressed some opposition to the development of a Mattapan multi-service center.<sup>10</sup> This reaction is probably understandable from an agency that has grown rapidly over the past few years, from a budget of about \$170,000 in 1971 to over one-million dollars in current revenue. Obviously there is concern that a Mattapan multi-service center might siphon off actual or potential Lena Park clients, and that there will be competition for funds. However, Mattapan-based agencies, residents and the community's leadership expressed the need for a multi-service center. Other data<sup>11</sup> also suggests that a multi-service center in

---

10

On the Service Agency Form, Joseph L. Smith, the Research Assistant, noted that the "Director is hostile to the proposal, uncooperative. Believes study entails a misuse of funds."

11

If we assume the Mattapan, Franklin Field and the most adjacent Dorchester portion to be made up of a population of 75,000 persons, and that each family/household has an average of 3.2 members, then Lena Park with an estimated 60 full-time workers would have a worker to family/household ratio of 1:391. Adding a Mattapan multi-service center with an estimated 28 full-time workers to this broader area would

Mattapan would be fully utilized, and that Lena Park given its current capacity will continue to be fully utilized.

In terms of demand, there is a high level of consistency between the 1977 household survey findings and the leadership perceptions.<sup>12</sup> The resident respondents in the household survey suggest a need for programs to address such concerns as: community security; unsupervised youth and attendant social problems (e.g., juvenile delinquency and youth crime); scattered housing deterioration and abandonment; excessive housing costs that inhibit necessary home maintenance; public services, such as street and sidewalk repairs, public transportation, parks and playgrounds, trash collection, street lighting and police protection; unemployment and under-employment; medical and dental care, particularly pre-natal care, adult dental care, children's medical care, and alcohol and drug-related problems. Further exacerbating these medical and dental concerns is the acute lack of awareness of the

---

(footnote cont'd)

yield a worker to family/household ratio of 1:266. If we confine the Mattapan multi-service center for analysis purposes to serving a population of 25,600, then the worker to family/household ratio is 1:285. Also for analysis purposes if we confine Lena Park to serving a population of 50,000, the worker to family/household ratio is 1:260. Analytically then, the addition of a Mattapan multi-service center would seem to suggest the possibility of more efficient and personalized services with the potential workload of each staff worker being reduced by over 100 families/households.

<sup>12</sup> The combined mentions of very important services/important services to add from the 1977 household survey include in

Avenue Neighborhood Health Center that currently serves some 8,000-9,000 persons annually. Additional concerns that yield a consistency between the household survey and leadership survey are in the education and recreation issue areas. These concerns take the form of additional day care facilities, alternative education programs, after school tutorial programs, better quality and more supervised and planned activities in recreation and continuing education programs.

Spokespersons for Mattapan-based agencies are by and large supportive of a multi-service center development in Mattapan, with the notable exception of Lena Park Community Corporation. In fact, several agencies suggested specific sites that might be considered for center facilities and/or volunteered their involvement in planning and the inclusion

(footnote cont'd)

rank order: emergency help; drug/alcohol; special health programs, day care, employment services (tie); children's recreation; legal services; community planning/needs assessment; and child-care.

The combined mentions from the leadership survey of service gaps/very important services to have/functions and services which should have center priority include in rank order: recreation for adults and youth, employment services, youth services (tie); elderly services, after school programs, legal services, needs assessment/planning (tie); information and referral, day care, programs for non-English speaking (tie). Combining the household and leader mentions yields the following suggested service range (not a rank order): day care; employment services; recreation for children and youth; legal services; and planning/needs assessment.

of their agencies in such a center. The household and leadership findings point up a general lack of resident awareness about currently available services, a great number of important unmet needs, and a general low evaluation for current services about which they have some knowledge. Thus there seems to be considerable potential for a multi-service center institution to develop out of the expressed needs of the existing agencies, the residents and the community's leadership. The following section of the report will focus on sites where such an institution could take shape, the spatial layout of such a facility, estimated development costs, and possible sources of construction or renovation financing.



## PLANNING/DESIGN RESULTS

### Introduction

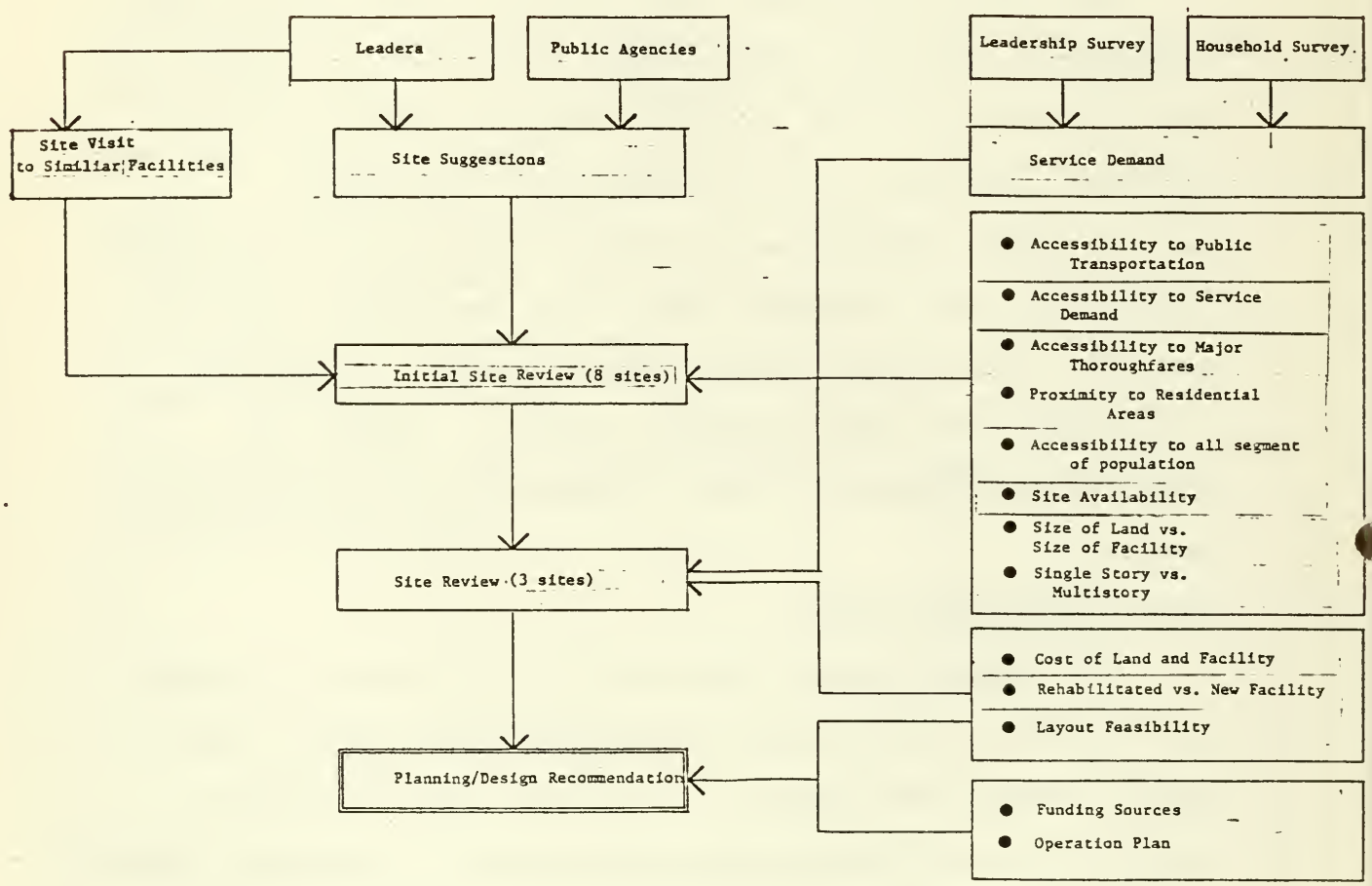
This section presents the results of the analyses of alternative sites for the Mattapan Multi-service Center, and the results of the facility planning studies for the services and spaces to be contained in the center. A participatory process was utilized to analyze and synthesize survey data and, community inputs and feedbacks, into the physical planning and design for the center. Figure 8-1 illustrates the planning/design process. Figure 8-2 identifies Mattapan and other neighborhoods in the City of Boston.

### Planning/Design Process

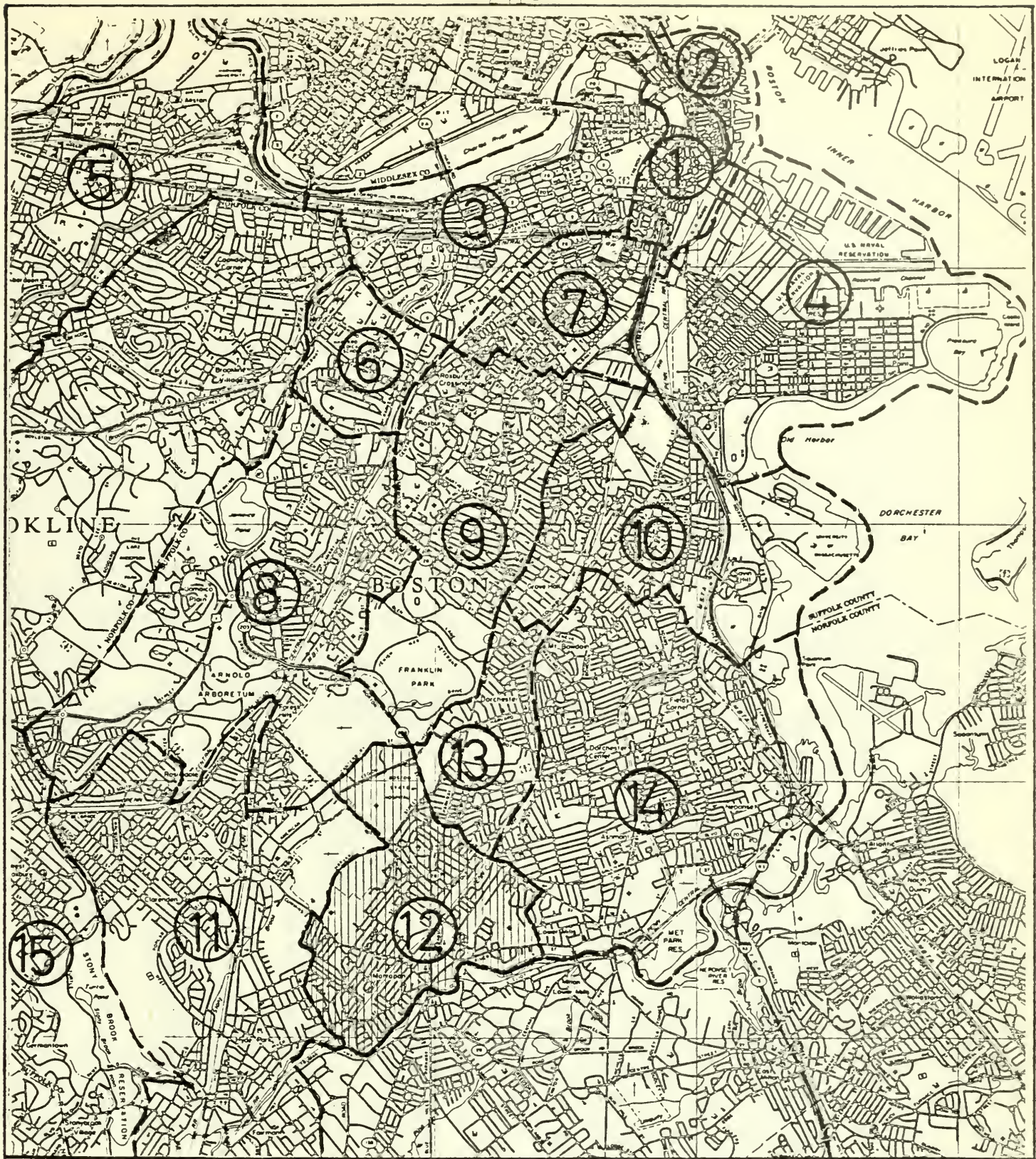
The social services projected to be needed or desired by segments of the Mattapan population were derived from data compiled from surveys of existing social services agencies serving the Mattapan population, of community leaders, and of randomly selected households.

By establishing the need or desire for certain services currently not available, the demand for a facility containing these services or service systems is established. The service demands are analyzed within planning/design parameters and synthesized into location, site and space requirements.

# PLANNING/DESIGN PROCESS







- |                        |                 |                         |
|------------------------|-----------------|-------------------------|
| 1 South Cove           | 6 Fenway        | 11 Hyde Park/Roslindale |
| 2 North End            | 7 South End     | 12 Mattapan             |
| 3 Back Bay/Beacon Hill | 8 Jamaica Plain | 13 North Dorchester     |
| 4 South Boston         | 9 Roxbury       | 14 Dorchester           |
| 5 Allston/Brighton     | 10 Roxbury      | 15 West Roxbury         |

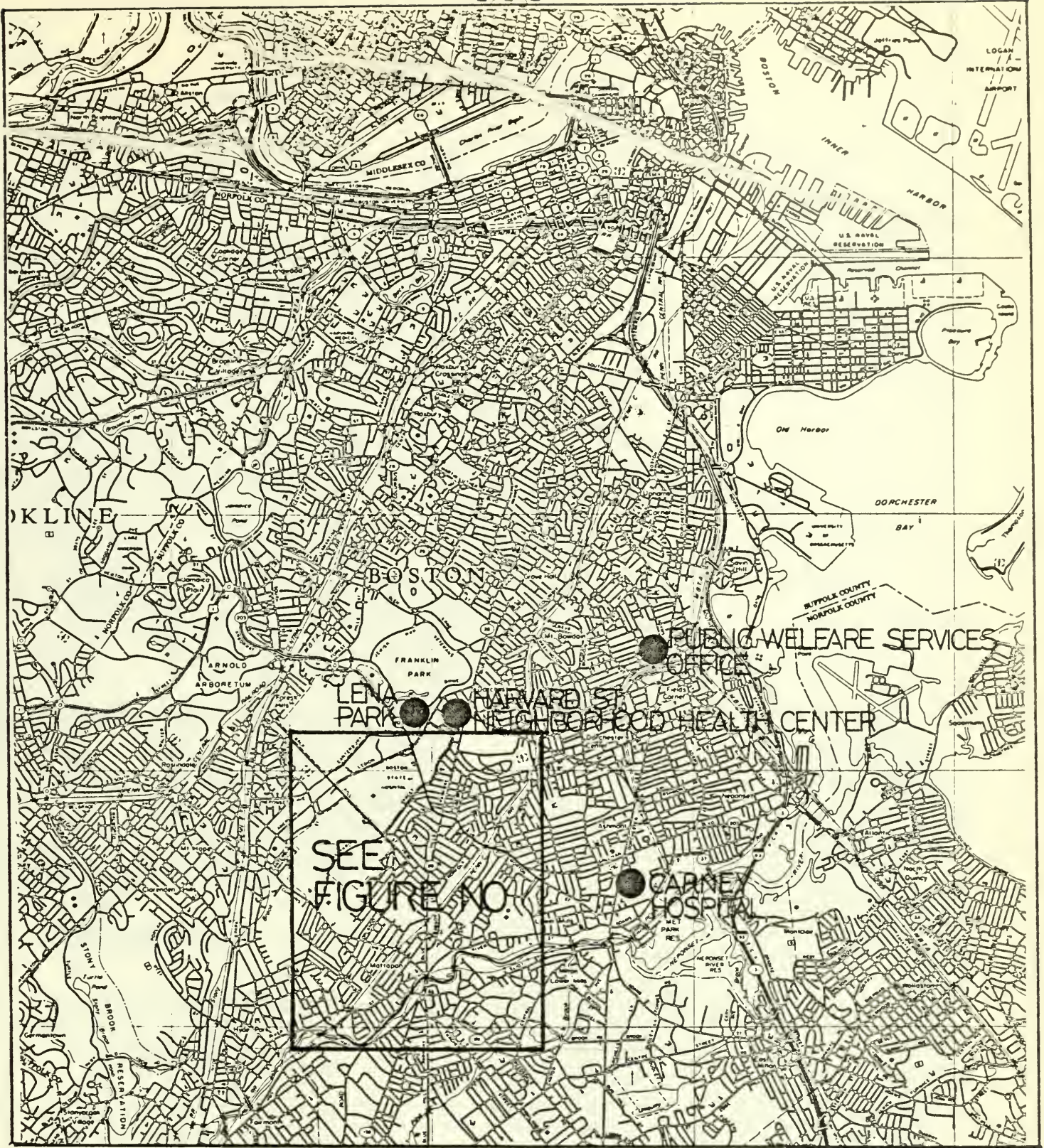


Service Demands Analysis and Synthesis

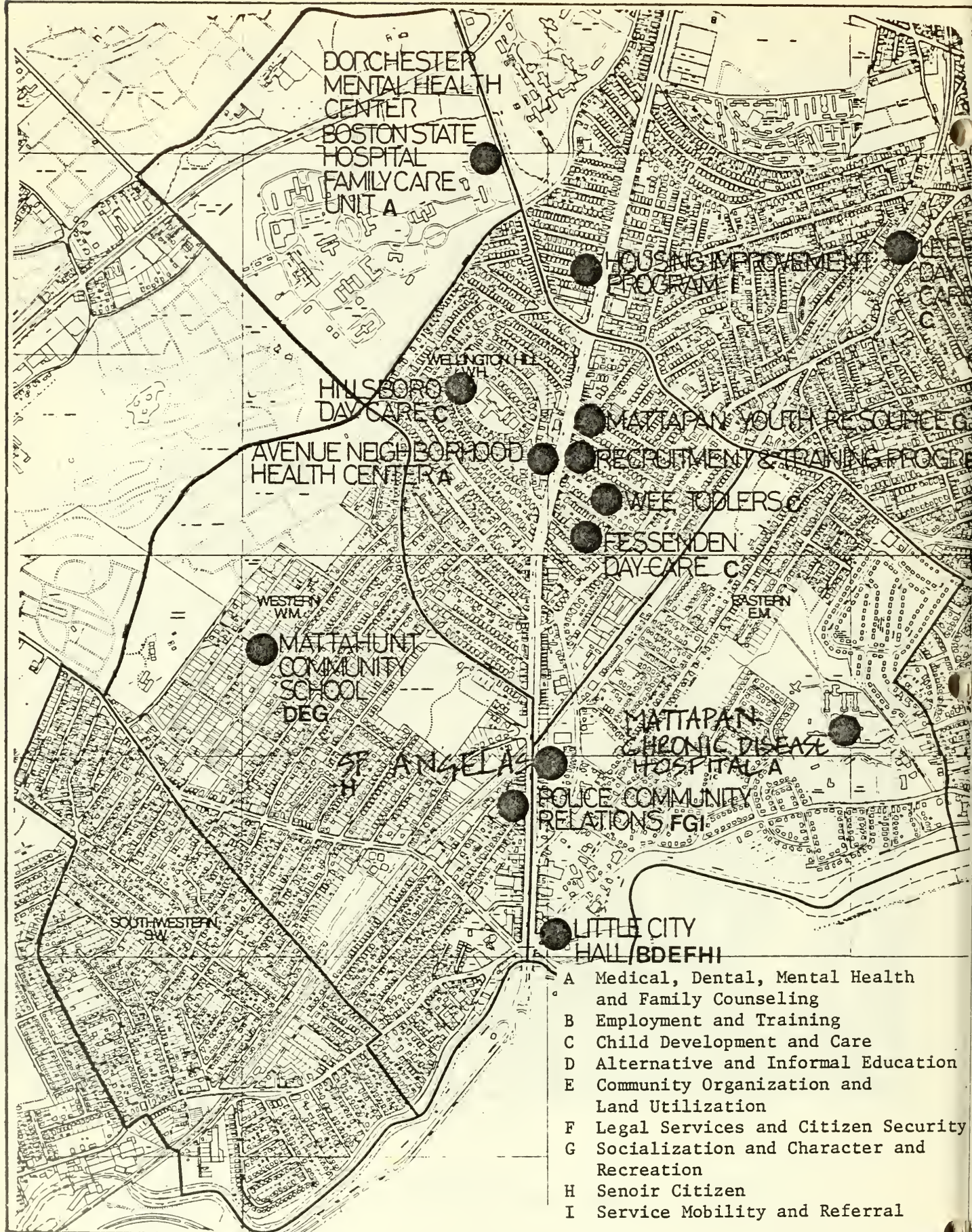
Existing social service agencies, located within Boston and Mattapan, that serve segments of the Mattapan population were surveyed as to the range and depth of their social service programs. Figures 8-3 and 8-4 identify the social service agencies, their locations and their programs. Community leaders and randomly selected households were surveyed as to the population characteristics, and services needed or desired but not currently available from existing agencies or programs. Figures 8-5 and 8-6 summarize the demographic characteristics, and the social services needed or desired in the four (4) sections of Mattapan. The service demands, population service capacity and space required are summarized below.

<u>Services to be Provided by Mattapan Multi-Service Center</u>	<u>Service Capacity</u>	<u>Space Required (Square Feet)</u>
Employment	1800	400
Day Care	30	1,700
Youth/Adult Education		4,000
Elderly		650
Planning and Evaluation		400
Administration and Fiscal		800
Outreach		400
Information and Referral		600
Community Organization		400
Clerical to support all services		1,000
Support		7,300
General circulation storage and lavatories		<u>2,350</u>
	Sub-total	20,000SF











% of Mattapan Population

	Southwest Mattapan	Western Mattapan	Eastern Mattapan	Wellington Hill
Minority		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
White	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Elderly	<input type="radio"/>		<input type="radio"/>	
Families with Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Youth	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Median Income	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Income		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automobile Ownership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Owner Occupied Residents	<input checked="" type="radio"/>	<input type="radio"/>		
Renter Occupied Residents		<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Length of Residential Tenure	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
High School Education	<input type="radio"/>			<input type="radio"/>
Skilled Workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unskilled Workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
% Unemployed	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

☒ Above Average

☐ Average

☐ Below Average

Service Demands

		Southwest Mattapan	Western Mattapan	Eastern Mattapan	Wellington Hill
Medical	Health Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	Unmet Health Needs	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental	Adults	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Children	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Child Development and Day Care		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Continuing Education			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Youth Alternative Education			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Under Employment and Unemployment		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Minorities			<input type="radio"/>	<input checked="" type="radio"/>
	Low Income	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Elderly		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
Socialization and Character		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Legal and Security		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Organization		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobilization and Referral		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☒ Above Average

☐ Average

☐ Below Average



<u>Services to be Provided by Other Agencies</u>	<u>Service Capacity</u>	<u>Space Required (Square Feet)</u>
Direct Health Service (to be provided by Avenue Health Center)	18,000	10,000
	Total	30,000 SF

A total of 30,000 square feet(SF) is therefore projected for the Mattapan Multi-Service Center.

#### Review of Initial Sites

Seven (7) possible sites for the center were suggested by community leaders and representatives of the city's public agencies. The sites are either available for acquisition from the public or private owners, and/or they are easily accessible by public transportation or private vehicles.

The sites are:

1. Walcott School, on Morton and Norfolk Streets
2. Site adjacent to Avenue Health Center on Blue Hill Avenue
3. Baker-Logue School, on Walk Hill Street
4. Site adjacent to Walker Playground, on Mildred Avenue
5. Tileston School, on Babson Street
6. St. Angela School, on Babson and Freemont Streets
7. The former Cote Ford Dealership, on Cummins Highway and Regis Road.

The seven (7) possible sites for the Mattapan Multi-Service Center were reviewed for locational feasibility, in

terms of maximum accessibility by segments of the population in the four sections of Mattapan, relative to their needs or desires for the services to be contained in the center. The criteria for the review of the initial sites are:

1. Accessibility to public transportation
2. Accessibility to major thoroughfares
3. Accessibility to private transportation
4. Accessibility to all segments of the population
5. Accessibility to service demands
6. Proximity to residential areas
7. Site availability for acquisition

Figures 8-7, 8-8, and 8-9 contain the seven possible site locations, the current major land uses in Mattapan and the review of the initial sites, respectively.

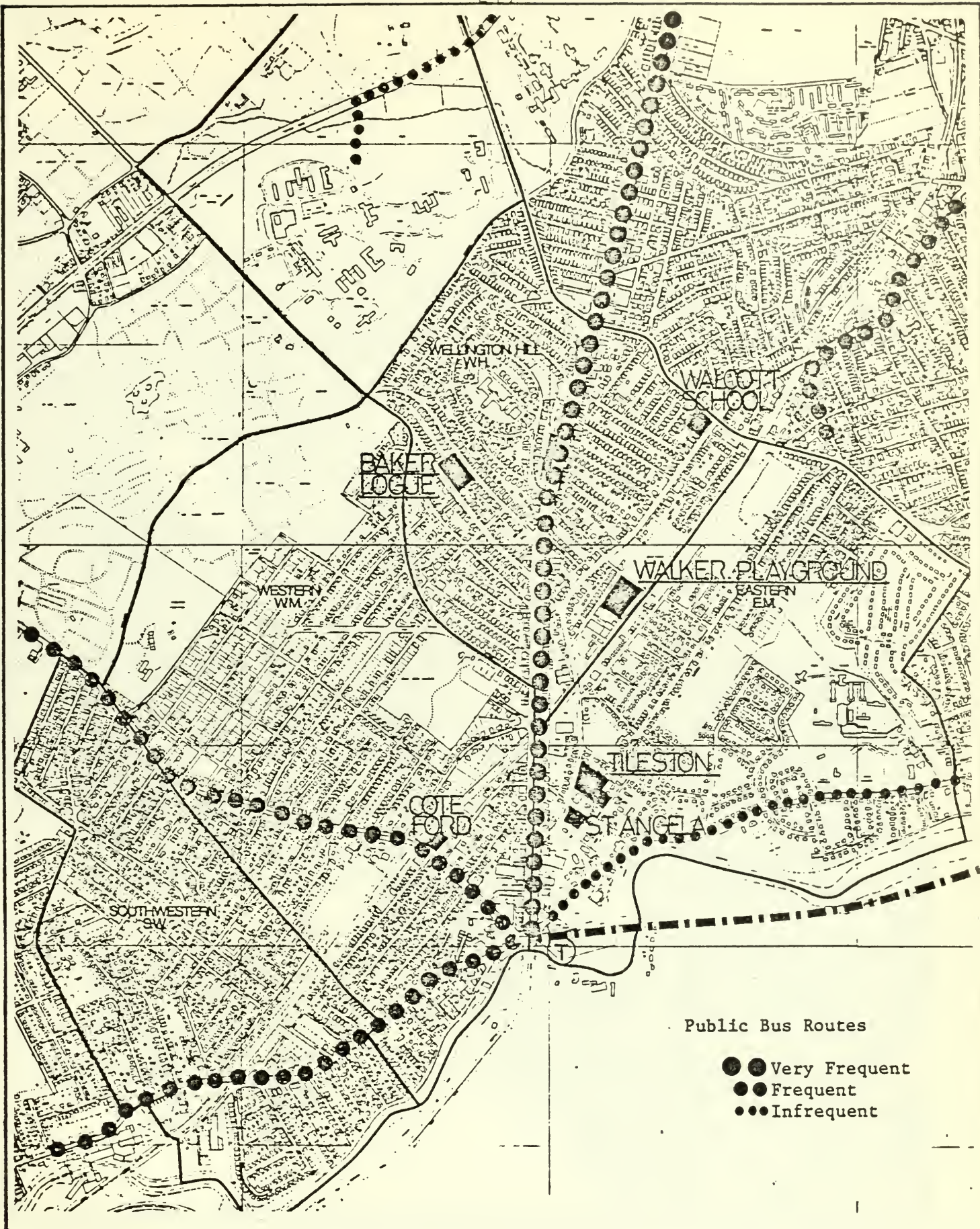
Of the seven sites reviewed as possible locations for the center, three sites were recommended for further review for functional feasibility:

1. Baker-Logue School
2. Site adjacent to Walker Playground
3. Tileston School

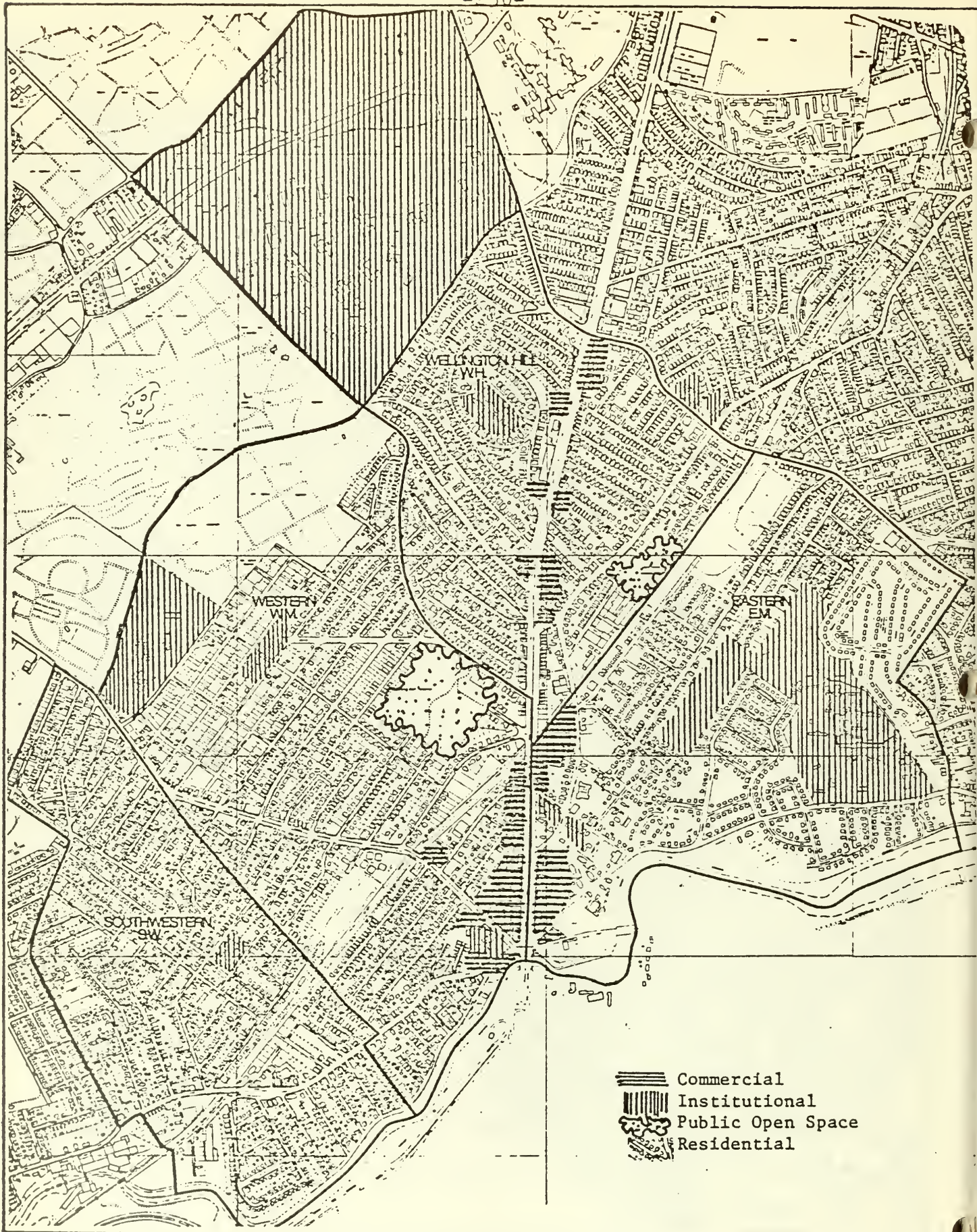
#### Review of the Final Three Sites

With the service demands established, the type and size of spaces to contain the services within the Mattapan Multi-Service Center are determined. The functional relationship of the services and the spaces required were investigated for efficient layout of the center. Figure 8-10











Site Locational Criteria

	Walcott School	Avenue Neighborhood Health Center	Baker Logue	Walker Playground	Tileston School	Saint Angela School	Cote Ford
Accessibility to Public Transportation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Accessibility to Major Thoroughfares	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Accessibility to Private Transportation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Accessibility to All Segments of Population							
Minority	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Elderly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Families with young children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Low Income	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Accessibility to Service Demands							
Health Problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Unmet Health Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Child Development and Day Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Adult Continuing Education	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Youth Alternative Education	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Elderly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Socialization and Recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Legal and Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Mobilization and Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Site Availability							
Available for use	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Ownership	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suitability and Condition of Existing Structures	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Final 3 sites			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		

☒ Good

☐ Fair

☐ Poor

contain the functional and spatial relationships and requirements of the service demands.

The final three sites were reviewed for functional feasibility. The criteria are:

1. Location feasibility (from initial review)
2. Site permits efficient layout of services
3. Site permits layout of services in proximity to other services
4. Site permits layout of services that require accessibility on the entry level
5. Site permits efficient layout of services in the upper levels
6. New construction or renovation
7. Capital cost of center

Figure 8-12 contains the review of the final three sites.

Of the three final sites, two are recommended for the Mattapan Multi-Service Center:

1. The site adjacent to the Walker Playground
2. The Tileston School

The conclusions are summarized in the following paragraphs:

Land Adjacent to the Walker Playground

The site is in the lower section of Wellington Hill, on Mildred Avenue, two blocks east of Blue Hill Avenue. The site contains approximately 90,000 square feet of mostly vacant land, owned by the Value of Life Committee.

The location has excellent accessibility. New construction for the Mattapan Multi-Service Center on the site will

		Staffing	Service Capacity	Large Span	Medium Span	High Ceiling	First Floor Location	Upper Floor Location Possible	Proximity to Water Closet	Separate Water Closet Required	Access to Kitchen	Wet Services	Air Conditioning or Ventilation	Other Special Services	Space Unit (Square Feet)	Total Space (Square Feet)
Direct Services and Activities																
	Employment	2	1800												200	400
	Day Care	4.5	30												35	1700
	Youth/Adult Education	2														4000
	Elderly	1														650
	Planning and Evaluation	2														400
	Administration and Fiscal	4														800
	Outreach	2														400
	Information and Referral	3														1000
	Community Organization	2														400
	Clerical	5														1000
Support Services																
	Lobby/Exhibition															1000
	Multi purpose Room		500													6000
	Kitchen															300
Direct Health Services (to be provided by Avenue Neighborhood Health Center)																
	Examination		1000													5000
	Administration															5000
Direct Services to be Provided by Other Agencies																

Proximity

Characteristics

- ☒ Required
- ☐ Convenient
- ☐ Not Required

	Baker Logue School	Walker Playground	Tileston School
Locational Feasibility		●	●
Site Permits Efficient Layout of All Services	○	●	●
Certain Services Accessible on Entry Level	○	●	●
Efficient Layout of Services on Upper Floors		●	
New Construction		●	
Renovation			●
Construction Cost of Center		\$37/2F	\$18/2F

☒ Good

☐ Fair

☐ Poor



permit optimal planning and design of the spaces that contain the services. The site is adjacent to the Walker Playground; this will permit future expansion of the center's program into recreation services. Figure 8-13 contains the layout feasibility of the center on this site.

At a capital budget of \$750,000 for the center, new construction of approximately 20,000 square feet of spaces can be completed at \$37.50/SF. A single story, simple, flexible, and economical building can be constructed within the cost budget for services to be provided by the staff of the center. Services to be provided by other agencies within the center, such as the Avenue Health Center, may be responsible to secure capital funds to construct their own facilities. All the facilities, together with the center, will be physically integrated for efficient and co-ordinated operations. Figure 8-14 contains the construction cost data.

The one major foreseeable problem with this site is that it is privately owned by the Value of Life Committee. Availability of the site for purchase and at an economical cost is uncertain at this time.

#### Tileston School

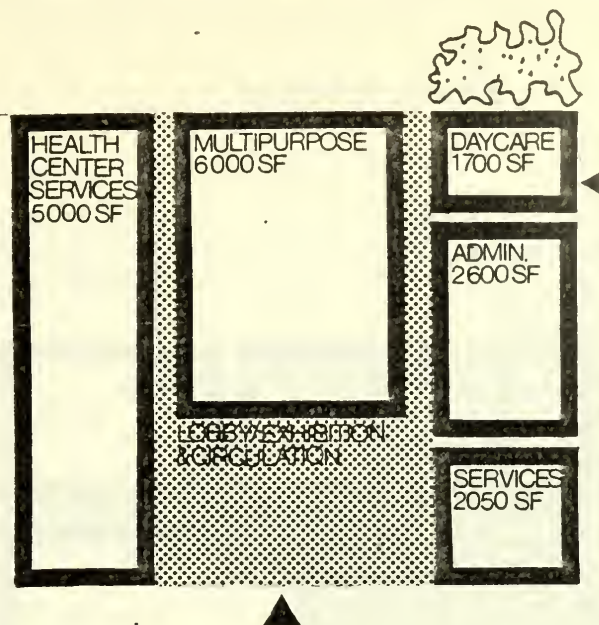
This site is in the western section of Eastern Mattapan, on Babson Street, one block east of Blue Hill Avenue. The

Tileston School site contains one two-story building; each floor contains approximately 15,000 square feet. The total building space is approximately 30,000 square feet. The school is vacant, and owned by the City of Boston School Department. There are no immediate plans for the future use of the school.

The location has excellent accessibility. Renovation of the existing building for use as a multi-service center is functionally feasible. Each floor is large enough to permit efficient layout of the services and spaces. The second floor can accommodate the service activities that do not require accessibility to the entry level. Figure 8-12 contains the layout feasibility of the center on this site.

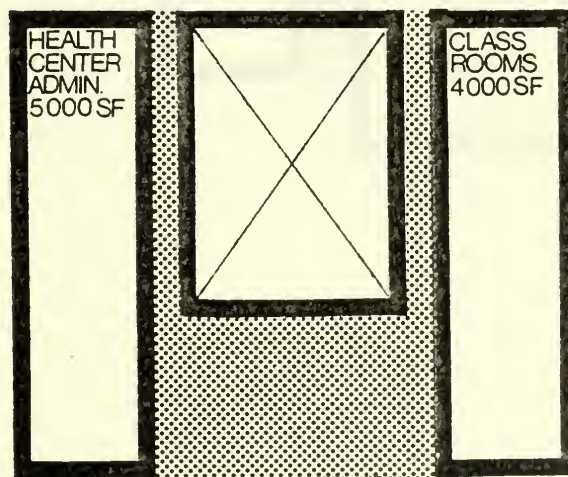
At a capital budget of \$750,000, the existing building can be renovated at a cost of \$25 per square foot. The cost figure is sufficient to complete renovation for the school for multi-service functions. Figure 8-14 contains the construction cost data.

Disposition of the vacant building from the School Department for non-profit social service uses at an economical cost should be a simple process.

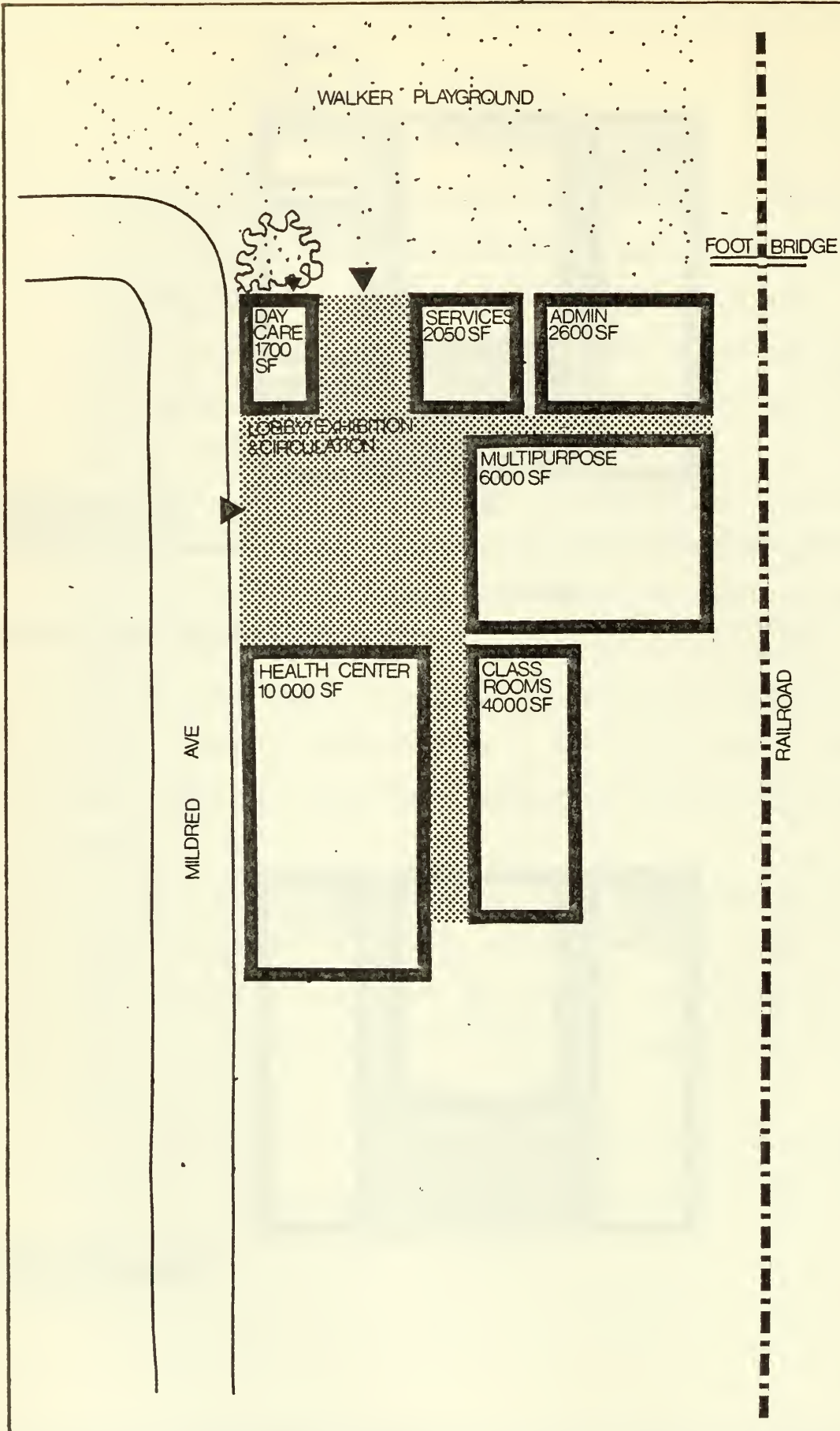


1st FLOOR

BABSON STREET



2nd FLOOR





NEW CONSTRUCTION ON  
SITE ADJACENT TO  
WALKER PLAYGROUND

RENOVATION OF  
TILESTON SCHOOL

SITE WORK	\$ 2.50/S.F.	\$ 1.00/S.F.
FOUNDATIONS	\$ 3.50/S.F.	
INTERIOR DEMOLITION		\$ 2.50/S.F.
LOAD BEARING WALLS	\$ 8.50/S.F.	\$ 1.50/S.F.
ROOF STRUCTURE	\$ 3.50/S.F.	
ROOFING	\$ .75/S.F.	\$ .25/S.F.
INTERIOR FINISHES AND HARDWARE	\$ 5.50/S.F.	\$ 5.75/S.F.
HVAC	\$ 3.75/S.F.	\$ 2.00/S.F.
ELECTRICAL	\$ 3.25/S.F.	\$ 1.75/S.F.
PLUMBING	\$ 2.50/S.F.	\$ 1.25/S.F.
10% CONTINGENCY	\$ 3.75/S.F.	\$ 2.00/S.F.
TOTAL \$/S.F.	\$37.50/S.F.	\$18.00/S.F.
TOTAL S.F.	20,000 S.F.	30,000 S.F.
TOTAL \$	\$750,000	\$540,000



APPENDICES





## APPENDIX A - INTERVIEW SCHEDULES

The following interview schedules were used as data-gathering mechanisms during the course of the feasibility study. The schedules are placed in the order of their use during the study.

1. Service Agency Form  
(Agency Survey)
2. Assessment of Community Needs  
and Priorities Phase  
(1977 Household Survey)
3. Leadership Survey



SERVICE AGENCY FORM

1. AGENCY NAME:

2. ADDRESS:

3. DIRECTOR:  
TITLE: .

4. TELEPHONE NO.

5. LOCATION:

- (A) WELLINGTON HILL
- (B) EAST MATTAPAN
- (C) WEST MATTAPAN

6. DESCRIPTION OF AGENCY:

- (A) MULTI-SERVICE
- (B) SINGLE-SERVICE

7. TYPE OF SERVICES OFFERED:

- 1. MEDICINE AND DENTAL ( )
- 2. MENTAL HEALTH AND RETARDATION ( )
- 3. CHILD DEVELOPMENT AND CHILD CARE ( )
- 4. SOCIALIZATION AND CHARACTER ( )
- 5. SENIOR CITIZENS PROGRAMS ( )
- 6. FAMILY COUNSELING ( )
- 7. ALTERNATIVE EDUCATION PROGRAMS ( )
- 8. INFORMAL EDUCATION PROGRAMS ( )
- 9. LEGAL SERVICES ( )
- 10. CITIZEN SECURITY ACTIVITIES ( )
- 11. EMPLOYMENT AND TRAINING SERVICES ( )
- 12. ALCOHOLISM EDUCATION ( )
- 13. RESIDENTIAL YOUTH CENTER ( )
- 14. SUMMER DAY CAMP ( )
- 15. LAND UTILIZATION ( )
- 16. COMMUNITY ORGANIZATION ( )
- 17. SERVICE MOBILIZATION AND REFERRAL ( )
- 18. RECREATION ( )

8. POPULATION SERVICES:

A. AGE

- |                                    |   |   |
|------------------------------------|---|---|
| 1. CHILDREN                        | ( | ) |
| 2. YOUTH AND TEENAGERS             | ( | ) |
| 3. UNWED MOTHERS                   | ( | ) |
| 4. YOUNG ADULTS/MIDDLE-AGED ADULTS | ( | ) |
| 5. SENIOR CITIZENS                 | ( | ) |

B. INCOME

- |                       |   |   |
|-----------------------|---|---|
| 1. WELFARE RECIPIENTS | ( | ) |
| 2. LOW INCOME         | ( | ) |
| 3. MIDDLE INCOME      | ( | ) |

C. EDUCATION

- |                         |   |   |
|-------------------------|---|---|
| 1. PRE-SCHOOL           | ( | ) |
| 2. GRAMMAR SCHOOL       | ( | ) |
| 3. HIGH SCHOOL          | ( | ) |
| 4. HIGH SCHOOL DROPOUTS | ( | ) |

D. ETHNIC BACKGROUND

- |                     |   |   |
|---------------------|---|---|
| 1. BLACK AMERICAN   | ( | ) |
| 2. WEST INDIAN      | ( | ) |
| 3. WHITE            | ( | ) |
| 4. SPANISH-SPEAKING | ( | ) |

9. SOURCE OF SUPPORT

- |                         |   |   |
|-------------------------|---|---|
| A. FEDERAL              | ( | ) |
| B. STATE                | ( | ) |
| C. MUNICIPAL            | ( | ) |
| D. FOUNDATION GRANTS    | ( | ) |
| E. FEE FOR SERVICE      | ( | ) |
| F. THIRD PARTY PAYMENTS | ( | ) |
| G. UNITED WAY           | ( | ) |

10. DESCRIPTION OF STAFFING PATTERN

11. GENERAL ASSESSMENT



<u>Name of Organization</u>	<u>Program</u>	<u>Area Served</u>	<u>#Served</u>	<u>Ages</u>	<u>#Staff</u>	<u>Operating Budget</u>
---------------------------------	----------------	------------------------	----------------	-------------	---------------	-----------------------------

LEADERSHIP SURVEY

I. Community Needs

1. How long have you lived here in Mattapan?

- 1 LESS THAN ONE YEAR  
2 ONE YEAR THROUGH THREE YEARS  
3 FOUR YEARS THROUGH SEVEN YEARS  
4 EIGHT YEARS THROUGH TWELVE YEARS  
5 THIRTEEN OR MORE YEARS      SKIP TO Q. 1.3

2. Where did you live before you moved to Mattapan?

\_\_\_\_\_ PART OF BOSTON  
 \_\_\_\_\_ NAME OF CITY IN MASSACHUSETTS  
 \_\_\_\_\_ NAME OF STATE OUTSIDE MASSACHUSETTS  
 \_\_\_\_\_ NAME OF COUNTRY

3. Now I'm going to read to you some of the services and facilities that the city provides. I'd like to know how satisfied you are with the service you get in Mattapan.

How satisfied are you with the (READ item "a") -- would you say you are very satisfied, somewhat satisfied, not too satisfied, or not at all satisfied? (CONTINUE READING ITEMS "b" THROUGH "i")

	VERY SATISFIED	SOMEWHAT SATISFIED	NOT TOO SATISFIED	NOT AT ALL SATISFIED
a. trash and garbage collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. the job the police do in this neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. the job the fire department does in this neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. public schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. public libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. street and sidewalk repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. adequacy of street lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. parks and playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Which public service of facility in Mattapan would you most like to improved?

5. Now I'm going to read you a list of things that are sometimes problems in a neighborhood. For each, tell me how much of a problem this is in Mattapan.

(READ "a") -- how much of a problem is this in Mattapan -- would you say a great problem, somewhat of a problem, a small problem, or no problem at all?

	GREAT	SOMEWHAT	SMALL	NO PROBLEM
a. burglary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. people being beaten up or robbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. stores being robbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. people using drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. groups of teenagers hanging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In some places people help each other and do things together, in others people mostly go their own ways. What kind of neighborhood is this: one where people help each other a lot, or one where people mostly go their own way?

Help each other      Go their own way

☐
☐

7. What things do you like best about Mattapan?

---



---



---

8. All in all, how satisfied are you with this neighborhood as a place to live--very satisfied, somewhat satisfied, not too satisfied, not at all satisfied?

- ☐ VERY SATISFIED
- ☐ SOMEWHAT SATISFIED
- ☐ NOT TOO SATISFIED
- ☐ NOT AT ALL SATISFIED

9. How satisfied are you with the recreation facilities available to adults in Mattapan? Would you say -- very satisfied, somewhat satisfied, not too satisfied or not at all satisfied?

- ☐ VERY SATISFIED
- ☐ SOMEWHAT SATISFIED
- ☐ NOT TOO SATISFIED
- ☐ NOT AT ALL SATISFIED

10. What changes would you like to see made in the recreation facilities for adults in Mattapan?

---

---

---

11. How satisfied are you with the opportunities in Mattapan to take courses which are recreational or teach you new hobbies -- very satisfied, somewhat satisfied, a little satisfied or not at all satisfied?

- ☐ VERY SATISFIED (SKIP TO Q II013)
- ☐ SOMEWHAT SATISFIED
- ☐ A LITTLE SATISFIED
- ☐ NOT AT ALL SATISFIED

12. What improvements would you like to see made in the opportunities to take these classes?

---

---

---



B. Scope of Existing Services

13. Now thinking of the public schools, how good would you say the education children get in the schools is in Mattapan -- very good, good, not so good, or not good at all?

- ☐ VERY GOOD
- ☐ GOOD
- ☐ NOT SO GOOD
- ☐ NOT GOOD AT ALL
- ☐ DON'T KNOW

14. And how good would you say is the condition of the public school buildings and their maintenance in Mattapan -- very good, good, not so good, or not good at all?

- ☐ VERY GOOD
- ☐ GOOD
- ☐ NOT SO GOOD
- ☐ NOT GOOD AT ALL
- ☐ DON'T KNOW

15. What, if anything, could be done to make the public schools in this neighborhood better?

---

---

---

16. Compared with public schools in the rest of Boston, do you think the public schools in this neighborhood are better, the same, or not so good, as those those in other parts of the city?

- ☐ BETTER
- ☐ SAME
- ☐ NOT SO GOOD
- ☐ DON'T KNOW

17. Compared to private and parochial schools in Boston, do you think the public schools in this neighborhood are better, the same or not so good.

- ☐ BETTER
- ☐ SAME
- ☐ NOT SO GOOD
- ☐ DON'T KNOW

18. I want you to think about the facilities in this area for girls 10 or older such as parks, swimming pools, and gyms - as well as the programs for young people - sports, music, scouting, and other things.

In general, how do you feel about the things like that available to young people in their spare time - would you say they are very good, good, not so good, or not good at all?

- ☐ VERY GOOD (SKIP TO Q. #20)
- ☐ GOOD
- ☐ NOT SO GOOD
- ☐ NOT GOOD AT ALL

19. What improvements would you like to see?

---

---

---

20. Do you have children who are school-age or younger?

- ☐ YES
- ☐ NO (SKIP TO Q. #26)

21. Who is usually responsible for taking care of your children during the day and after school?

☐ RESPONDENT

☐ WIFE/HUSBAND

☐ RELATIVE/FRIENDS

☐ BABYSITTER

☐ DAY CARE CENTER (SKIP TO Q. #23)

☐ OTHER (SPECIFY) \_\_\_\_\_

22. How satisfied are you with this arrangement -- would you say very satisfied, somewhat satisfied, not too satisfied, or not at all satisfied?

☐ VERY SATISFIED

☐ SOMEWHAT SATISFIED

☐ NOT TOO SATISFIED (SKIP TO Q. 26)

☐ NOT AT ALL SATISFIED

23. How satisfied are you with the day care center you are presently using -- would you say very satisfied, somewhat satisfied, not too satisfied, or not at all satisfied?

☐ VERY SATISFIED

☐ SOMEWHAT SATISFIED

☐ NOT TOO SATISFIED

☐ NOT AT ALL SATISFIED

24. Is the day care center in Mattapan?

☐ YES

☐ NO (SKIP TO #26)

25. What is the name of the day care center?

\_\_\_\_\_  
\_\_\_\_\_

26. As you know, day care centers are places where parents can leave their children during the day or after school. Do you know of any day care centers in Mattapan?

☐ YES

☐ NO

27. As you know, neighborhood health centers have been set up in many parts of the Boston area. These centers provide general medical care. Do you know of a neighborhood health center in Mattapan?

☐ YES

☐ NO (SKIP TO Q. #32)

28. From what you know, what do you think the costs at the neighborhood health center are -- higher, lower, or about the same as a regular private doctor?

☐ HIGHER

☐ ABOUT THE SAME

☐ LOWER

29. How about the quality of medical care there -- is it better, not as good, or about the same as you would get most other places?

☐ BETTER

☐ ABOUT THE SAME

☐ NOT AS GOOD

30. How easy or hard is it for you to get to the closest neighborhood health center -- very easy, fairly easy, fairly hard, very hard ?

☐ VERY EASY

☐ FAIRLY EASY

☐ FAIRLY HARD

☐ VERY HARD



31. Have you or anyone living with you ever gone to the neighborhood health center for medical care?

☐ YES

☐ NO (SKIP TO Q. #32)

About how many different times have you or anyone living here gone to a neighborhood health center in the past 12 months?

\_\_\_\_\_ TIMES

PRIORITIES

One of the things we are interested in is how people feel services are being distributed by charities, government agencies and other agencies that provide services in Mattapan -- whether some people are getting more services or help than they need, while others are getting less than they need. For each group on this list, I'd like you to tell me if you think they are getting too much, about the right amount or not enough. (SHOW CARD I)

32. Do you think in general that \_\_\_\_\_ get not enough, about the right amount, or too much help and service?

	<u>TOO MUCH</u>	<u>ABOUT RIGHT</u>	<u>NOT ENOUGH</u>	<u>DON'T KNOW</u>
a. People 65 or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Teenagers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Grade school children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pre-school children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Young adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Middle-aged adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. People with personal or family problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Black families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Spanish-speaking families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. White families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Families with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. People with middle incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. People with high incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. People with low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Are there any other groups you feel are not getting enough services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As we said at the beginning, this information will be used in planning different types of programs that could be offered in a Mattapan Community Multi-Service Center. One of the questions that we are most concerned with is the kind of services people think are most important to have in their neighborhood.

3. I'm going to read you a list of services. For each, tell me if you feel it is very important, important, not too important or not at all important to have this service available in Mattapan.

	<u>VERY IMPORTANT</u>	<u>IMPORTANT</u>	<u>NOT TOO IMPORTANT</u>
a. Adoption services -- to find homes for children and help people who want to adopt children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Day care programs during the day or after school for children whose parents have to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. After school programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Special health programs for people who are disabled, handicapped, or retarded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Counseling for individuals or married couples who have family or personal problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Legal services, providing the help of a lawyer for those who cannot afford to pay for a lawyer when they need one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Emergency food, clothing and other kinds of help for people caught in fires, floods or other disasters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Employment service: helping people who have trouble finding jobs to find work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Homemaker service -- providing help in taking care of the home in times of sickness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Helping citizen groups to work on neighborhood problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Sports, recreation and other programs for young people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Sports, recreation and other programs for adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>VERY IMPORTANT</u>	<u>IMPORTANT</u>	<u>NOT TOO IMPORTANT</u>
m. Programs to help with special health problems like drug addiction or alcoholism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Information and referral services-- having a place where people with various problems can find out where to go for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. visiting nurses who will help take care of a person who is ill at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Planning -- making sure the services people need are available and that money is spent on the most needed services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Programs to help people who have come from a Non-English speaking country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Family Planning Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Consumer Advocate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Obviously, some of these services are already offered in Mattapn. Furthermore, since a multi-service center cannot realistically provide all services in a community, I would like you to tell me which three services you feel are most important to add to those services already in existence in Mattapan. (SHOW CARD I)

\_\_\_\_\_ FIRST MENTION  
 \_\_\_\_\_ SECOND MENTION  
 \_\_\_\_\_ THIRD MENTION

35. Which three are least important to add.

\_\_\_\_\_ FIRST MENTION  
 \_\_\_\_\_ SECOND MENTION  
 \_\_\_\_\_ THIRD MENTION



III. Quality and Delivery of Community Services

36. How would you rate the quality and delivery of services by agencies serving the Mattapan community?

	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>	<u>DON'T KNOW</u>
a. Mattahunt Community School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lena Park Community Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dorchester Mental Health Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Family Care Unit, Boston State Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mattapan Chronic Disease Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Harvard Street Health Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Avenue Neighborhood Health Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Lee's Day Care Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Lemuel Shattuck Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Carney Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Lena Park Day Care Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Children's World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Wee Toddlers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Mattapan Police-Community Relations Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Mattapan Youth Resource	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Mattapan Little City Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Housing Improvement Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Housing Inspection Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Police District 3, Boston Police Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Parks and Recreation Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>	<u>DON'T KNOW</u>
u. Mattapan Branch Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. MDC Swimming Pool and Skating Rink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. School Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Mattapan Public Welfare Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Recruitment and Training Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Help for Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. <sup>1</sup> Mattapan Civic Improvement Ass'n.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. <sup>2</sup> Developer's Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. <sup>3</sup> Community Training Dynamics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Are None</u>	<u>Don't Know</u>
p. Planning --making sure the services people need are available and that money is spent on the most needed services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Programs to help people who have come from a Non-English speaking country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Family planning services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Consumer advocate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. What are the major service gaps in Mattapan from your perspective?

\_\_\_\_\_ FIRST MENTION  
 \_\_\_\_\_ SECOND MENTION  
 \_\_\_\_\_ THIRD MENTION

39. Do you think these service gaps are best addressed by the expansion and/or modification of the existing service systems?

- ☐ YES
- ☐ NO (SKIP TO Q. IV-41)
- ☐ DON'T KNOW (SKIP TO Q. IV-41)

40. If yes, then which of the existing service systems do you think is most susceptible to expansion and/or modification to address these service gaps?

\_\_\_\_\_ FIRST MENTION  
 \_\_\_\_\_ SECOND MENTION  
 \_\_\_\_\_ THIRD MENTION

#### IV. Goals, Roles, Functions and Services

41. What do you think the goals of a Mattapan Multi-Service Center should be?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

42. What role(s) do you think a Mattapan Multi-Service Center should play in relation to the Mattapan community?

\_\_\_\_\_  
 \_\_\_\_\_



43. What role do you think a Mattapan Multi-Service Center should play relative to other social service agencies serving the Mattapan community?

---

---

---

44. What role do you think a Mattapan Multi-Service Center should play in relation to city agencies?

---

---

---

45. What role do you think a Mattapan Multi-Service Center should play in relation to state agencies?

---

---

---

46. How about its role in relation to federal agencies?

---

---

---

47. How about the role of a Mattapan Multi-Service Center in relation to the private sector?

---

---

---

48. What do you think should be the primary function(s) of a Mattapan Multi-Service Center?

---

---

---

49. What type of institutional model do you feel as if the functions noted in Q. 48 can best be realized under?

---

---

---

V. Relative Priorities of Center Functions and Services

50. What services do you think should be in the Mattapan Multi-Service Center?

---

---

---

---

51. How would you prioritize the functions and services of a Mattapan Multi-Service Center?

_____	FIRST MENTION
_____	SECOND MENTION
_____	THIRD MENTION
_____	FOURTH MENTION

52. Which functions and services would you assign the lowest priority for a Mattapan Multi-Service Center?

_____	FIRST MENTION
_____	SECOND MENTION
_____	THIRD MENTION

53. Do you think the center should contract services from other agencies?

- ☐ YES
- ☐ NO (SKIP TO Q. V - 55)
- ☐ ONLY IF NECESSARY

54. What services do you think the center could contract out for from other existing service organizations?

_____	FIRST MENTION
_____	SECOND MENTION
_____	THIRD MENTION

55. Do you think that there are Mattapan residents who obtain some social services through an informal delivery system?

- ☐ YES
- ☐ NO (SKIP TO Q. VI - 57)
- ☐ DON'T KNOW

56. What services are most likely to be provided through an informal delivery system?

\_\_\_\_\_ FIRST MENTION  
\_\_\_\_\_ SECOND MENTION  
\_\_\_\_\_ THIRD MENTION

57. Which of the following methods do you think is the best one for selecting members of the center Board of Directors?

- ☐ Area elections, similar to Model Neighborhood Board.
- ☐ Members elected by service area residents.
- ☐ Members selected by incorporators of the legal entity.
- ☐ Members appointed by other social service agencies in Mattapan.
- ☐ Members appointed by major funding sources, or other organizations and/or individuals outside the mattapan community.
- ☐ Other: \_\_\_\_\_

VI. Optional Models of Center Status and Governance

58. When you think of center status and governance, what optional models do you think would be most effective and efficient?

\_\_\_\_\_ FIRST MENTION  
\_\_\_\_\_ SECOND MENTION  
\_\_\_\_\_ THIRD MENTION  
\_\_\_\_\_ FOURTH MENTION

59. In what ways can such a center develop and maintain status inside the Mattapan community?

\_\_\_\_\_ FIRST MENTION  
\_\_\_\_\_ SECOND MENTION  
\_\_\_\_\_ THIRD MENTION

60. In what ways can such a center develop and maintain status outside the Mattapan community?

\_\_\_\_\_ FIRST MENTION  
\_\_\_\_\_ SECOND MENTION  
\_\_\_\_\_ THIRD MENTION

61. What type of administrative structure do you think is the most effective and efficient for a multi-service community center?

☐ CENTRALIZED

☐ DE-CENTRALIZED

☐ LAISSEZ-FAIRE

☐ OTHER: \_\_\_\_\_

62. Do you think that the center's information and referral unit should be physically and/or administratively separate from the direct services unit?

☐ YES

☐ NO

☐ MAKES NO DIFFERENCE

63. Why or why not?

---

---

---

64. How would you rank the governance functions of the center Board. One would be the most important, two the second most important, etc.

☐ SETTING CENTER POLICY

☐ APPROVING CENTER BUDGET

☐ HIRING OF STAFF

☐ APPROVING CONTRACTS

☐ APPROVING NEW PROGRAMS



VII. Issues as to Use of Organization and Facility

65. Do you think you see the center as:

- ☐ An umbrella organization providing space to other agencies.
- ☐ A facility with an integrated range of services under a single Board of Directors.
- ☐ A facility coordinating the social service delivery system in Mattapan.
- ☐ Other: \_\_\_\_\_.

66. What do you see as major domain problems which the center will encounter in dealing with other Mattapan service agencies?

\_\_\_\_\_ FIRST MENTION  
\_\_\_\_\_ SECOND MENTION  
\_\_\_\_\_ THIRD MENTION

67. Given the current service range in Mattapan, and the relative strength of these service organizations, do you think such a multi-service center can gain acceptance in Mattapan?

- ☐ YES
- ☐ NO
- ☐ DON'T SEE THIS AS A PROBLEM
- ☐ DON'T KNOW

VIII. Option Locations for Center/Rehab and New Facility Issues

68. What locations do you think would make good sites to have such a center?

\_\_\_\_\_ FIRST MENTION  
\_\_\_\_\_ SECOND MENTION  
\_\_\_\_\_ THIRD MENTION

69. What criteria would you use in selecting a location for a multi-service center? Rank order, 1 being most important criteria, etc.

☐ Accessibility to major service need.

☐ Close to major thoroughfare.

☐ Close to other major service agencies

☐ A Building available for rehabilitation

☐ Close to public transportation

☐ Proximity to a residential area

☐ Proximity to a commercial area

☐ Land available for new construction

☐ Land acquisition costs

☐ Other (Specify): \_\_\_\_\_

70. Based upon the site locations criteria you have selected in the above questions, which type of facility would you prefer to see developed?

☐ REHABILITATED FACILITY

☐ NEWLY CONSTRUCTED FACILITY

☐ NO PREFERENCE

☐ EXTENSION OF EXISTING ESTABLISHED FACILITY/PROGRAM

71. Do you have any idea as to the financial feasibility of either a rehabilitated or newly constructed facility?

☐ MORE FEASIBLE TO CONSTRUCT A NEW FACILITY

☐ MORE FEASIBLE TO REHABILITATE A FACILITY FOR CENTER

☐ NO IDEA

72. What factors should be most important in selecting optional locations for such a center?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIRST MENTION  
SECOND MENTION  
THIRD MENTION

73. Do you know of public or private money sources which could finance a rehabilitated or newly constructed multi-service facility?

☐ YES

☐ NO (SKIP TO Q. VIII-75)

74. What are these possible sources of facility financing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIRST MENTION  
SECOND MENTION  
THIRD MENTION

75. Are there other issues which should be considered in the question of a rehabilitated facility vs. a newly constructed facility?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIRST MENTION  
SECOND MENTION  
THIRD MENTION

X. Center governance issues and general issues.

76. Are there other issues which should be considered in the question of center governance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIRST MENTION  
SECOND MENTION  
THIRD MENTION

77. Do you think such a center can enable Mattapan community residents to better realize their individual and collective goals?

☐ YES

☐ NO

☐ DON'T KNOW

78. What model of governance and administration do you think would best enable Mattapan community residents to realize their individual and collective goals?
- ☐ A PARTICIPATORY MODEL
- ☐ A NON-PARTICIPATORY MODEL
- ☐ OTHER: \_\_\_\_\_
79. Do you think the center should provide a community organization focus in addition to service delivery?
- ☐ YES
- ☐ NO
- ☐ DON'T KNOW
80. Do you think the center should have an advocacy function in addition to service delivery?
- ☐ YES
- ☐ NO
- ☐ DON'T KNOW
81. Do you think the center should only provide services, and not be concerned with community organization or advocacy?
- ☐ YES
- ☐ NO
82. Do you think the center should have an outreach function?
- ☐ YES
- ☐ NO
83. Do you think that public and private monies can be located to operate a multi-service center at an acceptable level for at least a five-year period?
- ☐ YES
- ☐ NO (SKIP TO Q. IX-86)



84. Can you identify specific public and private sources which can help operate a center for at least a five-year period?

☐ YES

☐ NO (SKIP TO Q. IX-86)

85. What are these specific public and private sources of operational support?

\_\_\_\_\_ FIRST MENTION

\_\_\_\_\_ SECOND MENTION

\_\_\_\_\_ THIRD MENTION

86. Which of the following functions do you feel is most likely to attract public and private support for such a center in Mattapan? Rank order 1 most likely, etc.

☐ COMMUNITY OUTREACH

☐ DIRECT SERVICES

☐ COMMUNITY ORGANIZATION

☐ ADVOCACY

☐ INFORMATION AND REFERRAL

☐ OTHER: \_\_\_\_\_

87. Which service programs do you feel are most likely to attract support from public and private sources for such a center in Mattapan?

\_\_\_\_\_ FIRST MENTION

\_\_\_\_\_ SECOND MENTION

\_\_\_\_\_ THIRD MENTION

88. Do you know of any multi-service centers which you would recommend as models for having a record keeping system which are more than adequately maintained for the purpose of service delivery, planning and on-going research?

☐ YES

☐ NO (SKIP TO Q. IX-90)

89. Which multi-service centers do you think could serve as models in terms of their record-keeping system?

\_\_\_\_\_ FIRST MENTION

\_\_\_\_\_ SECOND MENTION

\_\_\_\_\_ THIRD MENTION

90. What skills and knowledge do you think it important for staff in a multi-service center to possess?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

91. Do you think a staff training program would be beneficial prior to opening such a center?

☐ YES

☐ NO

BACKGROUND

Now I'd like to ask you some questions about your background. It is important that we obtain this information from our respondents in order to get an accurate picture of the types of people who live in Mattapan and to enable us to compare the needs of different groups of people.

92. How old were you on your last birthday??

\_\_\_\_\_ R's AGE

93. INTERVIEWER CHECK:

☐ R IS MALE

☐ R IS FEMALE

94. What is the highest grade or year you finished in school?

☐ 8 GRADES OR LESS

☐ 1-3 YEARS OF HIGH SCHOOL

☐ HIGH SCHOOL DIPLOMA

☐ 1-3 YEARS OF COLLEGE

☐ COLLEGE DEGREE

☐ EDUCATION BEYOND COLLEGE DEGREE

95. Are you married, widowed, separated, divorced or single (never married)?

☐ MARRIED

☐ WIDOWED

☐ SEPARATED

☐ DIVORCED

☐ SINGLE

96. What is your religious preference?

☐ CATHOLIC

☐ JEWISH

☐ ISLAMIC

PROTESTANT (ASK: "Which Denomination?")

☐ BAPTIST

☐ CONGREGATIONAL

☐ EPISCOPAL

☐ METHODIST

☐ PENTECOSTAL

☐ OTHER PROTESTANT (SPECIFY) \_\_\_\_\_

☐ OTHER (SPECIFY) \_\_\_\_\_

☐ NONE

97. Often people are asked to say what their ethnic or racial background is. What racial or ethnic group do you consider yourself?

☐ NATIVE AMERICAN OR CANADIAN INDIAN

☐ ORIENTAL OR ASIAN

☐ BLACK (ASK: Is your background American, Black African, Haitian, West Indian)

☐ AMERICAN

☐ BLACK AFRICAN

☐ HAITIAN

☐ WEST INDIAN



☐ PUERTO RICAN, CUBAN, OR OTHER HISPANIC

☐ WHITE (ASK: Is your background Irish, Italian, German or what?)

☐ IRISH

☐ ITALIAN

☐ GERMAN

☐ OTHER WHITE (SPECIFY) \_\_\_\_\_

☐ OTHER BACKGROUND (SPECIFY) \_\_\_\_\_

98. INTERVIEWER CHECK:

☐ R OWNS/IS BUYING HOME \_\_\_\_\_ (READ "8A")

☐ R RENTS \_\_\_\_\_ (READ "8B")

99. Including your mortgage, interest and real estate taxes plus your utilities -- heat, electricity, gas and water -- about how much does the house cost you altogether per month?

\$ \_\_\_\_\_ PER MONTH

100. Including your rent and everything you pay for utilities -- heat electricity, gas and water -- about how much does this (apartment/house) cost altogether per month?

\$ \_\_\_\_\_ PER MONTH

IF THERE IS A PROBLEM ASK: Well, would you say it is under \$100 a month, \$100-\$200, \$200-\$300, or more than \$300?

☐ LESS THAN \$100 ASK: Is it more or less than \$50?

☐ Less than \$50

☐ More than \$50

☐ \$100-\$200 ASK: Is it more or less than \$150?

☐ Less than \$150

☐ More than \$150

☐ \$200-\$300 ASK: Is it more or less than \$250

☐ Less than \$250

☐ More than \$250

☐ MORE THAN \$300

101. Are you affiliated with any street, or neighborhood, associations in Mattapan? If yes, then list them.

---

---

---

102. Are you a board member of an agency serving the Mattapan community? If yes, then list them.

---

---

---

103. What is your current occupation?

---

Some people hesitate to answer survey questions about their income, because they don't want other people to know how much they make or because they are afraid that the Internal Revenue Service will get the information. Actually, as with all answers in this survey, this information is strictly confidential. We ask the question only because people's income is such an important factor in people's lives. We don't even need an exact amount, but only a good estimate.

- 104. I would like you to estimate the total combined income of your family for the past 12 months -- that is, yours, your \_\_\_\_\_'s, etc.-- before deductions for taxes. Please include income from all sources -- that is, wages, salaries, social security or retirement benefits, help from relatives, rent from property and so forth.

☐ YEAR

\$ \_\_\_\_\_ PER ☐ MONTH

☐ WEEK

IF THERE IS A PROBLEM ASK:

Well, would you say it is under \$5,000, \$3,000 to \$10,000, \$10,000 to \$15,000, or over \$15,000 for the year?

☐ LESS THAN \$5,000

ASK: Is it more or less than \$3,000?

☐ Less than \$3,000

☐ More than \$3,000

☐

☐ \$5,000-\$10,000

ASK: Is it more or less than \$7,000?

☐ Less than \$7,000

☐ \$10,000-\$15,000

☐ More than \$7,000

☐

☐ OVER \$15,000

APPENDIX B  
DATA COLLECTION PROCEDURES - HOUSEHOLD SURVEY

Data Collection Procedures - Household Survey

The sample used for the Mattapan household survey was based on a city directory sample. Based on the 1970 Census estimates were made for the number of households in Mattapan, and assumptions were made for the occupancy rate and the expected response rate to determine the number of randomly selected addresses required to obtain 300 household interviews, distributed across the four areas in proportion to the number of housing units. The number of required interviews (300) divided by the product of the occupancy rate (.90) and the response rate (.75) equalled the number of addresses required (444). The total number of housing units in Mattapan (8000) was divided by the number of required addresses (444), to determine the sampling rate (1 of 18). Sample units were then selected at this rate throughout the city directory with business listings excluded.

To compensate for any inaccuracies in the city directory, census blocks were sampled at the same rate as housing units. Interviewers then visited these selected blocks to ascertain the accuracy of the listing of addresses in the city directory. If additional units were discovered, they were added to the sample.

Listers also visited each address in the sample to check that the correct number of units were listed at each address. If additional units were found, they were added to the sample. Six additional units were added bringing the sample size up to 450.

These 450 randomly selected addresses - allocated in proportion to the number of housing units in four constituent neighborhoods of Mattapan (Eastern Mattapan, Wellington Hill, Western Mattapan and Southwestern Mattapan) - made up the Mattapan household survey sample.



### Field Procedures

Interviewers came from two different organizations. The Survey Research Program provided 10 experienced interviewers. All were white. They were supervised by SRP staff. The Community Development Corporation of Boston recruited and hired 14 interviewers to work on the study. All were black; many of them lived in Mattapan itself. They were supervised by CDC staff.

The Survey Research Program conducted a three-day training session for the CDC interviewers. The sessions covered techniques of nondirective probing, establishing rapport, explaining study objectives and procedures for selecting a random respondent within each household. All interviewers received a one-day briefing session specifically on the Mattapan questionnaire on the intent of each item.

Following training, each interviewer administered a practice interview which was thoroughly evaluated with feedback given on aspects to be improved prior to receipt of production interviewing assignments. During the production interviewing phase, the first three interviews of each interviewer were reviewed and evaluation of at least every third interview continued throughout.

Interviewers were instructed to make a minimum of six calls at each household in an attempt to obtain an interview, with at least two calls made either in the evening or on the weekend. All households were mailed an advance letter describing the study and indicating that an interviewer would be contacting them shortly. In addition, the letter explained that cooperation was voluntary and assured respondents of the confidential nature of the interviewing process.

At the time of contact, a respondent was randomly selected from the

adult members of the household. No substitution of selected households or selected respondents within households was allowed; however, in a few instances, where personal interviews would have inconvenienced the selected respondent, telephone interviews with that person were accepted.

Each sample address was written on a cover sheet. The cover sheets for each interviewing assignment were geographically clustered and divided between the two interviewing organizations. Black interviewers were assigned to predominantly black areas and white interviewers to predominantly white areas.

Of the 316 cover sheets originally assigned to CDC, 127 were forwarded to SRP for final resolution. For cover sheets originally assigned to CDC and worked on only by CDC, 110 interviews were obtained, reflecting a response rate of 70 per cent. For those originally assigned to SRP and worked on only by SRP, 107 interviews were obtained, reflecting an 86 per cent response rate. For cover sheets started by CDC and finally resolved by SRP, 69 interviews were obtained, reflecting a response rate of 56 per cent.

The overall response rate resulted in 286 interviews or a rate of 70 per cent. While slight variation across areas was noted, ranging from a response rate of 66 per cent in Eastern and Western Mattapan to 77 per cent in Southwestern Mattapan, these response rate differences were not deemed large enough to cause concern that an area was underrepresented with respect to another area.

#### Interview Materials

The Mattapan household survey schedule consisted of a body of 110 items. In general, we were primarily interested in being able to identify the existing social and economic needs of the Mattapan community; and, the utilization

and knowledge of currently available services. The following were among the most important specific objectives identified by the Project Advisory Committee and the project study staff:

1. To examine the major demographic characteristics of the current population in Mattapan and to find out how these characteristics might affect current capabilities of existing facilities to meet the need for services.

2. To find out what kinds of services residents of the community thought were important to have in Mattapan and to find out which services not presently available were most important to add to those currently provided.

3. To find out how people feel about the importance of various neighborhood characteristics, especially those related to crime and those related to the quality of public services; and to find out how satisfied people are with these characteristics in their own neighborhood.

4. To find out about employment conditions in Mattapan, in terms of joblessness, below-average income and underemployment.

5. To find out about the use of health care facilities, to determine the level of unmet health needs for adults and children in Mattapan.

6. To determine the level of needs in areas such as day care, youth services, information and referral systems, and adult education and recreation needs.

A preliminary questionnaire which addressed these objectives was then drafted by the project study staff and forwarded to the Project Advisory Committee for feedback. The questionnaire was then pretested and revised several times to insure that the questions were worded in ways that would be clear to all respondents and would not in any way influence their answers. Meetings were held with the Project Advisory Committee during all phases of



of questionnaire development and all revisions were finally approved by the Advisory Committee.

In addition, because people differ on the exact boundaries of Mattapan, a map of the sample area was included with the interviewer materials so that all respondents would be referring to the same geographic area.

#### Coding

Answers to the questionnaires were translated into numbers by trained coders at SRP. These numbers were then punched onto tape for computer analysis. One interview in six was independently coded and compared with the original coding to identify coders who needed further training, codes that were problems, and to ascertain the error rate. In addition, over 130 checks for internal consistency of coding were made and corrections made before analysis began.

#### Weighting of Data

Since only one adult was interviewed in each household, data which referred to individuals (as opposed to household characteristics) were weighted by the total number of adults in the household. This procedure provided more accurate estimates of individual characteristics because it compensated for uneven probabilities of selection.

For example an adult living alone would have a 100 per cent chance of being interviewed if his/her house was selected; each member of a married couple would only have a 50 per cent chance of being selected. In order to accurately reflect the individual characteristics of multi-adult households, their answers and characteristics were weighted by the number of adults in that household. In the example above, although only one member of the married couple was interviewed, his/her characteristics were counted twice so that we would accurately reflect that there were two married people in the household.



INTERVIEWER NAME: \_\_\_\_\_

INTERVIEW NO.: \_\_\_\_\_

FEASIBILITY STUDY  
FOR A  
MATTAPAN MULTI-SERVICE CENTER

Assessment of Community Needs and Priorities Phase

Survey Research Program  
University of Massachusetts/Boston  
and  
Community Development Corporation of Boston



### INTRODUCTION

This survey is part of an effort being funded by the City of Boston to determine the feasibility and types of programs to include in a Mattapan Community Multi-Service Center.

One of the most important aspects of this effort is to determine the existing needs and preferences of the residents of the community itself. In this way the planning can take into account the specific situation in Mattapan -- so that a possible Multi-Service Center would focus its efforts on the unmet needs of the community.

Although participation is voluntary, the only way we can get an accurate picture is to talk to people like yourself. If you don't participate we won't be able to represent in the findings people who think like you do. People have different kinds of problems and situations. In this interview we will be asking questions about a lot of different areas. It is important that we get a complete and accurate picture of them, so please think about each answer carefully. Remember your answers are completely confidential.

In this study we are interested in this area (SHOW MAP). This is the area the proposed Multi-Service Center would serve. For convenience we will refer to it as Mattapan in our questions. Though we realize that people differ on boundaries and parts of it may be considered by some as Dorchester or Hyde Park, we will just say Mattapan, but we mean the area outlined on the map.





TIME BEGUN: \_\_\_\_\_ AM  
PM

A. HOUSING/NEIGHBORHOOD

W'd like to start the interview by asking you some questions about your (HOUSE/APARTMENT) and living here in Mattapan.

A1. How long have you lived here in Mattapan?

- ☐ 1 LESS THAN ONE YEAR
- ☐ 2 ONE YEAR THROUGH THREE YEARS
- ☐ 3 FOUR YEARS THROUGH SEVEN YEARS
- ☐ 4 EIGHT YEARS THROUGH TWELVE YEARS
- ☐ 5 THIRTEEN OR MORE YEARS (SKIP TO Q.A3)

A2. Where did you live before you moved to Mattapan?

\_\_\_\_\_ PART OF BOSTON  
\_\_\_\_\_ NAME OF CITY IN MASSACHUSETTS  
\_\_\_\_\_ NAME OF STATE OUTSIDE MASSACHUSETTS  
\_\_\_\_\_ NAME OF COUNTRY

A3. Thinking of all public services - fire and police protection, schools, parks, transportation, trash collection, street maintenance, and other things - do you think the services here in Mattapan are generally better than in other parts of Boston, are they about the same, or are they not as good as in other parts of the city?

- ☐ 1 BETTER
- ☐ 2 SAME
- ☐ 3 NOT AS GOOD

A4. Are there any public services or facilities like the ones on this list you especially would like to see improved in Mattapan? (SHOW CARD)

- ☐ YES (ASK Q.A5)  
☐ NO (SKIP TO Q.A6)

A5. Which ones? (Anything else?)

	MENTIONED	NOT MENTIONED
a. Trash and garbage collection	<input type="checkbox"/>	<input type="checkbox"/>
b. The job the police do in this neighborhood	<input type="checkbox"/>	<input type="checkbox"/>
c. The job the fire department does in this neighborhood	<input type="checkbox"/>	<input type="checkbox"/>
d. Public schools	<input type="checkbox"/>	<input type="checkbox"/>
e. Public libraries	<input type="checkbox"/>	<input type="checkbox"/>
f. Public transportation	<input type="checkbox"/>	<input type="checkbox"/>
g. Street and sidewalk repairs	<input type="checkbox"/>	<input type="checkbox"/>
h. Adequacy of street lighting	<input type="checkbox"/>	<input type="checkbox"/>
i. Parks and playgrounds	<input type="checkbox"/>	<input type="checkbox"/>
j. Any others (SPECIFY):		

A6. Now I'm going to read you a list of things that are sometimes problems in a neighborhood. For each, tell me how much of a problem this is in Mattapan.

(READ "a") -- how much of a problem is this in Mattapan - would you say a big problem, some problem, or almost no problem?

	BIG PROBLEM	SOME PROBLEM	ALMOST NO PROBLEM
a. Burglary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People being beaten up or robbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stores being robbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. People using drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A7. In some places people help each other and do things together, in others people mostly go their own ways. What kind of neighborhood is Mattapan - one where people help each other a lot, or one where people mostly go their own way?

- ☐ HELP EACH OTHER  
☐ GO THEIR OWN WAY

A8. How safe do you feel walking around Mattapan alone at night - very safe, somewhat safe, somewhat unsafe, or very unsafe?

- ☐ 1 VERY SAFE
- ☐ 2 SOMEWHAT SAFE
- ☐ 3 SOMEWHAT UNSAFE
- ☐ 4 VERY UNSAFE

A9. What things do you like best about Mattapan? (Anything else?)

☐ NOTHING

---

---

---

---

---

A10. All in all, how satisfied are you with Mattapan as a place to live - very satisfied, somewhat satisfied, not too satisfied, not at all satisfied?

- ☐ 4 VERY SATISFIED
- ☐ 3 SOMEWHAT SATISFIED
- ☐ 2 NOT TOO SATISFIED
- ☐ 1 NOT AT ALL SATISFIED

A11. Now we have a few questions about your (HOUSE/APARTMENT). How long have you lived in this particular (HOUSE/APARTMENT)?

- ☐ 1 LESS THAN ONE YEAR
- ☐ 2 ONE YEAR THROUGH THREE YEARS
- ☐ 3 FOUR YEARS THROUGH SEVEN YEARS
- ☐ 4 EIGHT YEARS THROUGH TWELVE YEARS
- ☐ 5 THIRTEEN OR MORE

A12. Do (you/your family) own or rent this (HOUSE/APARTMENT)?

- ☐ 1 OWN
- ☐ 2 RENT

A13. Considering the size and condition of your (HOUSE/APARTMENT) do you feel the (rent/mortgage (principal and interest) is too high, too low, or just about right?

- ☐ 1 TOO HIGH
- ☐ 2 JUST RIGHT
- ☐ 3 TOO LOW

A14. Are there any improvements you would like to make on your (HOUSE/APARTMENT) but haven't been able to yet?

- ☐ 1 YES
- ☐ 2 NO (SKIP TO Q.A16)

A15. Why haven't you been able to?

---

---

---

A16. Have you and any of your neighbors ever made an arrangement to watch one another's (HOUSES/APARTMENTS) when you are not at home?

- ☐ 1 YES
- ☐ 2 NO (SKIP TO Q.18)

A17. Do you do that all the time or just on special occasions, such as vacations?

- ☐ 1 ALL THE TIME
- ☐ 2 SPECIAL OCCASIONS

A18. Does your household do anything else to protect your (HOME/APARTMENT)?

- ☐ 1 YES
- ☐ 2 NO (SKIP TO Q.20)

A19. What is that?

---

---

---



A20. How likely is it that you will move from this (HOUSE/APARTMENT) in the next year - very likely, somewhat likely, not too likely, or not at all likely?

- ☐ 4 VERY LIKELY
- ☐ 3 SOMEWHAT LIKELY
- ☐ 2 NOT TOO LIKELY
- ☐ 1 NOT AT ALL LIKELY (SKIP TO Q.B1, PAGE 6)

A21. What are the main reasons you would want to move? (Anything else?)

---

---

---

A22. If you did move, would you buy a house or rent a house or an apartment?

- ☐ 1 BUY
- ☐ 2 RENT

A23. If you were looking for another place to live in the Boston area, where would you look - mostly in Mattapan, mostly outside of Mattapan, or would you look both here and other places?

- ☐ 1 MOSTLY IN MATTAPAN
- ☐ 2 MOSTLY OUTSIDE OF MATTAPAN
- ☐ 3 BOTH HERE AND OTHER PLACES

B. EMPLOYMENT

Now we have a section of questions dealing with work and work related issues.

B1. Are you currently working at a job for pay?

- ☐ 1 YES (ASK Q.B2a) ☐ 2 NO (ASK Q.B2b)

.....

B2a. Is that a full-time (35 hours or more) or part-time job?

☐ 01 FULL-TIME

☐ 02 PART-TIME

B2b. Are you unemployed, laid off, retired, or what?

(SKIP TO  
B4)

☐ 03 UNEMPLOYED

☐ 04 LAID OFF

☐ 05 RETIRED

☐ 06 STUDENT

☐ 07 KEEPING HOUSE

☐ 08 DISABLED

☐ 09 OTHER (SPECIFY)

.....

B3. Have you ever been employed?

☐ 1 YES

☐ 2 NO (SKIP TO Q.B13, PAGE 8)

.....

B4. How long ago did you last work at a full or part-time job?

☐ 1 LESS THAN FOUR MONTHS AGO

☐ 2 MORE THAN FOUR MONTHS THROUGH SIX MONTHS AGO

☐ 3 MORE THAN SEVEN MONTHS THROUGH TWELVE MONTHS AGO

☐ 4 MORE THAN ONE YEAR BUT LESS THAN THREE YEARS AGO

☐ 5 THREE OR MORE YEARS AGO

.....

→ B5. What type of work are you doing?

B5. What type of work did you do most often?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(GO TO Q.B6, PAGE 7)

(SKIP TO Q.B13, PAGE 8)

B6. How many hours do you usually work at your job each week?

- ☐ 1 19 OR LESS
- ☐ 2 20-34
- ☐ 3 35-40
- ☐ 4 41-45
- ☐ 5 46 OR MORE

B7. Would you like to work more hours, less hours, or about the same number as you do now?

- ☐ 3 MORE
- ☐ 2 SAME (SKIP TO Q.9)
- ☐ 1 LESS

B8. Why is that?

---

---

---

---

B9. Through your previous experience and training, do you have some skills that you would like to be using in your work but can't on your present job?

- ☐ 1 YES
- ☐ 2 NO (SKIP TO Q.B11, PAGE 8)

B10. What skills are those?

---

---

---

B11. All in all, how satisfied would you say you are with your current job - very satisfied, somewhat satisfied, not too satisfied, or not at all satisfied?

- ☐ 4 VERY SATISFIED
- ☐ 3 SOMEWHAT SATISFIED
- ☐ 2 NOT TOO SATISFIED
- ☐ 1 NOT AT ALL SATISFIED

B12. Taking everything into consideration, how likely is it that you will make a genuine effort to find a new job with another employer within the next year - very likely, somewhat likely, not too likely, or not at all likely?

- ☐ 4 VERY LIKELY
- ☐ 3 SOMEWHAT LIKELY
- ☐ 2 NOT TOO LIKELY
- ☐ 1 NOT AT ALL LIKELY

B13. Sometimes people would like to get information about jobs such as finding a job, deciding what kind of job would be best for them or where to get training in new job skills. Do you know where in Mattapan a person would go if they wanted information like this about jobs?

- ☐ 1 YES
  - ☐ 2 NO
  - ☐ 3 DON'T KNOW, NOT SURE
- } (SKIP TO Q.C1, PAGE 9)

B14. What place is that? (Anywhere else?)

---

---



C. ADULT RECREATION AND EDUCATION

Now we have some questions about how you spend your free time.

- C1. Thinking about places in Mattapan where adults can go to relax and have fun, like community centers, parks, swimming pools and so on, how often do you use these facilities - often, sometimes, rarely or never?

- ☐ 4 OFTEN
- ☐ 3 SOMETIMES
- ☐ 2 RARELY
- ☐ 1 NEVER

- C2. How satisfied are you with the recreation facilities and programs available to adults in Mattapan? Would you say - very satisfied, somewhat satisfied, not too satisfied or not at all satisfied?

- ☐ 4 VERY SATISFIED (SKIP TO Q.C4)
- ☐ 3 SOMEWHAT SATISFIED
- ☐ 2 NOT TOO SATISFIED
- ☐ 1 NOT AT ALL SATISFIED
- ☐ 8 DON'T KNOW (SKIP TO Q.C4)

- C3. What changes would you like to see made in the recreation facilities and/or programs for adults in Mattapan?

---

---

---

- C4. Would you like to get more formal education than you have now or do you feel you have enough?

- ☐ 1 WANT MORE
- ☐ 2 ENOUGH (SKIP TO Q.D1, PAGE 12)

- C5. What level of formal education would you like to attain?

- ☐ 1 GRADE SCHOOL DIPLOMA
- ☐ 2 SOME HIGH SCHOOL
- ☐ 3 HIGH SCHOOL DIPLOMA
- ☐ 4 SOME COLLEGE
- ☐ 5 COLLEGE DEGREE
- ☐ 6 WORK BEYOND COLLEGE DEGREE

C6. How likely is it that over the next year you will be taking classes to get more education - very likely, somewhat likely, a little likely, or not at all likely?

☐ 4 VERY LIKELY OR PRESENTLY ENROLLED (SKIP TO Q.D1, PAGE 12)

☐ 3 SOMEWHAT LIKELY

☐ 2 A LITTLE LIKELY

☐ 1 NOT AT ALL LIKELY

C7. What is keeping you from enrolling in these classes?

---

---

---



D. YOUTH RECREATION AND EDUCATION

D1. Are there any children 17 years or younger living here with you?

☐ YES (How many?) \_\_\_\_\_

☐ NO (SKIP TO Q.D3, PAGE 13)

D2. CHILD EDUCATION CHART: FILL IN AGE AND SEX OF EACH CHILD 17 YEARS OR YOUNGER LIVING WITH

	CHILD 1	CHILD 2	CHILD 3
	____ YRS. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	____ YRS. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	____ YRS. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
a. Does (CHILD) go to school (including nursery school, Head-start or any other pre-school program)?	<input type="checkbox"/> YES <input type="checkbox"/> NO (SKIP TO NEXT CHILD OR Q.D3 IF NO MORE CHILDREN)	<input type="checkbox"/> YES <input type="checkbox"/> NO (SKIP TO NEXT CHILD OR Q.D3 IF NO MORE CHILDREN)	<input type="checkbox"/> YES <input type="checkbox"/> NO (SKIP TO NEXT CHILD OR Q.D3 IF NO MORE CHILDREN)
b. What year of school is (CHILD) in?	<input type="checkbox"/> PRE-KINDERGARTEN <input type="checkbox"/> KINDERGARTEN <input type="checkbox"/> GRADE SCHOOL (WHAT GRADE?) <input type="checkbox"/> JR. HIGH SCHOOL (WHAT GRADE?) <input type="checkbox"/> HIGH SCHOOL (WHAT YEAR?)	<input type="checkbox"/> PRE-KINDERGARTEN <input type="checkbox"/> KINDERGARTEN <input type="checkbox"/> GRADE SCHOOL (WHAT GRADE?) <input type="checkbox"/> JR. HIGH SCHOOL (WHAT GRADE?) <input type="checkbox"/> HIGH SCHOOL (WHAT YEAR?)	<input type="checkbox"/> PRE-KINDERGARTEN <input type="checkbox"/> KINDERGARTEN <input type="checkbox"/> GRADE SCHOOL (WHAT GRADE?) <input type="checkbox"/> JR. HIGH SCHOOL (WHAT GRADE?) <input type="checkbox"/> HIGH SCHOOL (WHAT YEAR?)
c. Is that a public, private, or parochial school?	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> PAROCHIAL	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> PAROCHIAL	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> PAROCHIAL
d. What area or city is that in? (IF BOSTON: What area of Boston?)	_____ (AREA/CITY)	_____ (AREA/CITY)	_____ (AREA/CITY)
e. How does he/she get to school?	<input type="checkbox"/> WALK <input type="checkbox"/> SPECIAL SCHOOL BUS <input type="checkbox"/> PUBLIC BUS <input type="checkbox"/> AUTO <input type="checkbox"/> BICYCLE <input type="checkbox"/> OTHER (SPECIFY): _____	<input type="checkbox"/> WALK <input type="checkbox"/> SPECIAL SCHOOL BUS <input type="checkbox"/> PUBLIC BUS <input type="checkbox"/> AUTO <input type="checkbox"/> BICYCLE <input type="checkbox"/> OTHER (SPECIFY): _____	<input type="checkbox"/> WALK <input type="checkbox"/> SPECIAL SCHOOL BUS <input type="checkbox"/> PUBLIC BUS <input type="checkbox"/> AUTO <input type="checkbox"/> BICYCLE <input type="checkbox"/> OTHER (SPECIFY): _____



CHILD 4

CHILD 5

CHILD 6

<p>_____ YRS. <input type="checkbox"/> MALE  <input type="checkbox"/> FEMALE</p>	<p>_____ YRS. <input type="checkbox"/> MALE  <input type="checkbox"/> FEMALE</p>	<p>_____ YRS. <input type="checkbox"/> MALE  <input type="checkbox"/> FEMALE</p>
<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO (SKIP TO NEXT CHILD OR Q.D3 IF NO MORE CHILDREN)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO (SKIP TO NEXT CHILD OR Q.D3 IF NO MORE CHILDREN)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO (SKIP TO NEXT CHILD OR Q.D3 IF NO MORE CHILDREN)</p>
<p><input type="checkbox"/> PRE-KINDERGARTEN</p> <p><input type="checkbox"/> KINDERGARTEN</p> <p><input type="checkbox"/> GRADE SCHOOL (WHAT GRADE?)</p> <p><input type="checkbox"/> _____ JR. HIGH SCHOOL (WHAT GRADE?)</p> <p><input type="checkbox"/> _____ HIGH SCHOOL (WHAT YEAR?)</p>	<p><input type="checkbox"/> PRE-KINDERGARTEN</p> <p><input type="checkbox"/> KINDERGARTEN</p> <p><input type="checkbox"/> GRADE SCHOOL (WHAT GRADE?)</p> <p><input type="checkbox"/> _____ JR. HIGH SCHOOL (WHAT GRADE?)</p> <p><input type="checkbox"/> _____ HIGH SCHOOL (WHAT YEAR?)</p>	<p><input type="checkbox"/> PRE-KINDERGARTEN</p> <p><input type="checkbox"/> KINDERGARTEN</p> <p><input type="checkbox"/> GRADE SCHOOL (WHAT GRADE?)</p> <p><input type="checkbox"/> _____ JR. HIGH SCHOOL (WHAT GRADE?)</p> <p><input type="checkbox"/> _____ HIGH SCHOOL (WHAT YEAR?)</p>
<p><input type="checkbox"/> PUBLIC</p> <p><input type="checkbox"/> PRIVATE</p> <p><input type="checkbox"/> PAROCHIAL</p>	<p><input type="checkbox"/> PUBLIC</p> <p><input type="checkbox"/> PRIVATE</p> <p><input type="checkbox"/> PAROCHIAL</p>	<p><input type="checkbox"/> PUBLIC</p> <p><input type="checkbox"/> PRIVATE</p> <p><input type="checkbox"/> PAROCHIAL</p>
<p>_____</p> <p>(AREA/CITY)</p>	<p>_____</p> <p>(AREA/CITY)</p>	<p>_____</p> <p>(AREA/CITY)</p>
<p><input type="checkbox"/> WALK</p> <p><input type="checkbox"/> SPECIAL SCHOOL BUS</p> <p><input type="checkbox"/> PUBLIC BUS</p> <p><input type="checkbox"/> AUTO</p> <p><input type="checkbox"/> BICYCLE</p> <p><input type="checkbox"/> OTHER (SPECIFY):</p> <p>_____</p>	<p><input type="checkbox"/> WALK</p> <p><input type="checkbox"/> SPECIAL SCHOOL BUS</p> <p><input type="checkbox"/> PUBLIC BUS</p> <p><input type="checkbox"/> AUTO</p> <p><input type="checkbox"/> BICYCLE</p> <p><input type="checkbox"/> OTHER (SPECIFY):</p> <p>_____</p>	<p><input type="checkbox"/> WALK</p> <p><input type="checkbox"/> SPECIAL SCHOOL BUS</p> <p><input type="checkbox"/> PUBLIC BUS</p> <p><input type="checkbox"/> AUTO</p> <p><input type="checkbox"/> BICYCLE</p> <p><input type="checkbox"/> OTHER (SPECIFY):</p> <p>_____</p>

D3. Now thinking of the public schools, how good an education do the children in Mattapan schools get - very good, good, fair or poor?

- ☐ 4 VERY GOOD
- ☐ 3 GOOD
- ☐ 2 FAIR
- ☐ 1 POOR
- ☐ 8 DON'T KNOW

D4. Compared with public schools in the rest of Boston, do you think the public schools in Mattapan are better, the same, or worse than those in other parts of the city?

- ☐ 1 BETTER
- ☐ 2 SAME
- ☐ 3 WORSE
- ☐ 8 DON'T KNOW

D5. Compared to private and parochial schools in Boston, do you think the public schools in Mattapan are better, the same or worse?

- ☐ 1 BETTER
- ☐ 2 SAME
- ☐ 3 WORSE
- ☐ 8 DON'T KNOW

D6. What, if anything, could be done to make the public schools in Mattapan better?

- ☐ NOTHING

---

---

---

---

D7. In Mattapan, how much of a problem are groups of teenagers hanging around in the streets and parks with nothing to do - would you say - a big problem, some problem or almost no problem?

- ☐ 1 A BIG PROBLEM
- ☐ 2 SOME PROBLEM
- ☐ 3 ALMOST NO PROBLEM

D8. INTERVIEWER: CHECK ONE

- ☐ 1 R HAS NO CHILDREN 7-17 YEARS OF AGE (SKIP TO Q.D11, PAGE 16)
- ☐ 2 R HAS AT LEAST ONE CHILD 7-17 YEARS OF AGE (ASK Q.D9)

D9. Now, I want you to think about the facilities in this area for children 7 or older - such as parks, swimming pools, and gyms - as well as the programs for young people - sports, music, scouting, and other things.

In general, how do you feel about the facilities and programs available to your (child/children) in (his/her/their) spare time - would you say they are very good, good, fair, or poor?

- ☐ 4 VERY GOOD
- ☐ 3 GOOD
- ☐ 2 FAIR
- ☐ 1 POOR

D10. What improvements would you like to see in these facilities or programs?

☐ NOTHING

---

---

---

---

D11. INTERVIEWER: CHECK ONE

- ☐ 1 R HAS AT LEAST ONE CHILD 6 YEARS OF AGE OR YOUNGER (ASK Q.D12)
- ☐ 2 R HAS NO CHILDREN 6 YEARS OF AGE OR YOUNGER (SKIP TO Q.E1, PAGE 18)

D12. Who is usually responsible for taking care of (your/the) children 6 years of age or younger during the day and/or after school?

- ☐ 1 MOTHER
- ☐ 2 FATHER
- ☐ 3 RELATIVE/FRIEND
- ☐ 4 BABY SITTER
- ☐ 5 DAY CARE CENTER (SKIP TO Q.D14)
- ☐ 6 OTHER (SPECIFY) \_\_\_\_\_

D13. How satisfied are you with this arrangement - would you say very satisfied, somewhat satisfied, not too satisfied, or not at all satisfied?

- ☐ 4 VERY SATISFIED
- ☐ 3 SOMEWHAT SATISFIED
- ☐ 2 NOT TOO SATISFIED
- ☐ 1 NOT AT ALL SATISFIED

(SKIP TO Q.D18, PAGE 17)

D14. How satisfied are you with the day care center you are presently using - would you say very satisfied, somewhat satisfied, not too satisfied or not at all satisfied?

- ☐ 4 VERY SATISFIED
- ☐ 3 SOMEWHAT SATISFIED
- ☐ 2 NOT TOO SATISFIED
- ☐ 1 NOT AT ALL SATISFIED

D15. Is the day care center in Mattapan?

- ☐ 1 YES
- ☐ 2 NO (SKIP TO Q.D17, PAGE 17)

D16. What is the name of the day care center?

\_\_\_\_\_  
\_\_\_\_\_

(SKIP TO Q.E1, PAGE 18)



D17. If a good day care center that you could afford were available in Mattapan, how likely is it that you would want to use it- would you say very likely, somewhat likely, not too likely, or not at all likely?

☐ 4 VERY LIKELY

☐ 3 SOMEWHAT LIKELY

☐ 2 NOT TOO LIKELY

☐ 1 NOT AT ALL LIKELY

} (SKIP TO Q.E1, PAGE 18)

D18. As you may know, day care centers are places where parents can leave their children during the day or after school. Do you know of any day care centers in Mattapan?

☐ 1 YES

☐ 2 NO

D19. If a good day care center that you could afford were available in Mattapan, how likely is it that you would want to use it - would you say very likely, somewhat likely, not too likely, not at all likely?

☐ 4 VERY LIKELY

☐ 3 SOMEWHAT LIKELY

☐ 2 NOT TOO LIKELY

☐ 1 NOT AT ALL LIKELY

D20. If you did put your children in a day care center, what would (you/your wife) do differently with (your/her) time?

☐ 1 NOTHING

☐ 2 WORK PART-TIME

☐ 3 WORK FULL-TIME

☐ 4 GO TO SCHOOL

☐ 5 OTHER (SPECIFY) \_\_\_\_\_

E. HEALTH

Now we'd like to find out something about the health and medical care people are receiving.

E1. In general, would you say your health is excellent, good, fair, or poor?

☐ 4 EXCELLENT

☐ 3 GOOD

☐ 2 FAIR

☐ 1 POOR

E2. Where do you usually go when you want to see a doctor - to a clinic, hospital, doctor's office, a neighborhood health center or some other place?

☐ 1 NO USUAL PLACE (SKIP TO Q.E4, PAGE

☐ 2 DOCTOR'S OFFICE (INCLUDING GROUP PRACTICE)

(IF HOSPITAL - Is it a hospital out-patient clinic or the emergency room?)

☐ 3 HOSPITAL EMERGENCY ROOM

☐ 4 HOSPITAL OUTPATIENT CLINIC

(IF CLINIC - Is it a hospital out-patient clinic, a company clinic, a group of private doctors or some other kind of clinic?)

☐ 5 HARVARD COMMUNITY HEALTH PLAN

☐ 6 OTHER CLINIC

(IF NEIGHBORHOOD HEALTH CENTER - WHICH ONE?) (SPECIFY)

☐ 7 NEIGHBORHOOD HEALTH CENTER (SPECIFY)

(IF "OTHER PLACE" - What type of place is it?) (SPECIFY)

☐ 8 OTHER PLACE (SPECIFY)

E3. Is there a particular doctor you usually see when you go there?

☐ 1 YES

☐ 2 NO

E4. During the past year, that is since \_\_\_\_\_ (DATE) \_\_\_\_\_ a year ago, how many times have you visited or talked to a doctor about your health?

☐ NONE (ASK Q.E5)

\_\_\_\_\_ TIMES (SKIP TO Q.E6, PAGE 19)

E5. When was the last time you visited or talked to a doctor about your health?

- ☐ 1 MORE THAN ONE YEAR TO 2 YEARS
- ☐ 2 MORE THAN 2 YEARS TO 3 YEARS
- ☐ 3 MORE THAN 3 YEARS
- ☐ 4 NEVER (SKIP TO Q.E7)

E6. When was the last time you had a general physical examination - not for any illness or injury?

- ☐ 1 ONE YEAR OR LESS
- ☐ 2 MORE THAN ONE YEAR TO 2 YEARS
- ☐ 3 MORE THAN 2 YEARS TO 3 YEARS
- ☐ 4 NEVER

E7. When was the last time a doctor or nurse measured your blood pressure?

- ☐ 1 ONE YEAR OR LESS
- ☐ 2 MORE THAN ONE YEAR TO 2 YEARS
- ☐ 3 MORE THAN 2 YEARS TO 3 YEARS
- ☐ 4 MORE THAN 3 YEARS AGO
- ☐ 5 NEVER

E8. When was the last time a doctor or nurse took a sample of your blood for laboratory testing?

- ☐ 1 ONE YEAR OR LESS
- ☐ 2 MORE THAN ONE YEAR TO 2 YEARS
- ☐ 3 MORE THAN 2 YEARS TO 3 YEARS
- ☐ 4 NEVER

Now I'd like to ask about your dental care.

E9. When was the last time you visited a dentist to have your teeth checked or for any other reason?

- ☐ 1 SIX MONTHS OR LESS
- ☐ 2 SEVEN MONTHS TO A YEAR
- ☐ 3 MORE THAN ONE YEAR TO 2 YEARS
- ☐ 4 MORE THAN 2 YEARS TO 3 YEARS
- ☐ 5 MORE THAN 3 YEARS AGO
- ☐ 6 NEVER

(SKIP TO Q.E12)

E10. How often have you gone to the dentist in the last year?

\_\_\_\_\_TIMES

E11. Have you had your teeth cleaned in the past year?

- ☐ 1 YES
- ☐ 2 NO

E12. INTERVIEWER: CHECK ONE

- ☐ 1 RESPONDENT HAS CHILDREN (GO TO Q.E13, PAGE 21)
- ☐ 2 RESPONDENT HAS NO CHILDREN (SKIP TO Q.E19, PAGE 22)



Now I'd like to ask you a few questions about your children's medical and dental care.

E.13. Where do you usually take your (child/children) when you want (him/her/them) to see a doctor - to a clinic, hospital, doctor's office, neighborhood health center or some other place?

- ☐ 1 NO USUAL PLACE (SKIP TO Q.E15)  
☐ 2 DOCTOR'S OFFICE (INCLUDING GROUP PRACTICE)

(IF HOSPITAL - Is it a hospital out-patient clinic or the emergency room?)

- ☐ 3 HOSPITAL EMERGENCY ROOM  
☐ 4 HOSPITAL OUTPATIENT CLINIC

(IF CLINIC - Is it a hospital out-patient clinic, a company clinic, a group of private doctors or some other kind of clinic?)

- ☐ 5 HARVARD COMMUNITY HEALTH PLAN  
☐ 6 OTHER CLINIC

(IF NEIGHBORHOOD HEALTH CENTER - Which one?) (SPECIFY)

- ☐ 7 NEIGHBORHOOD HEALTH CENTER (SPECIFY)
- 

(IF "OTHER PLACE" - What type of place is it?) (SPECIFY)

- ☐ 8 OTHER PLACE (SPECIFY)
- 

E14. Is there a particular doctor your (child/children) usually see there?

- ☐ 1 YES  
☐ 2 NO

E15. INTERVIEWER: CHECK ONE

- ☐ 1 R HAS CHILDREN 6 YEARS OLD OR YOUNGER (ASK Q.E16)  
☐ 2 R DOES NOT HAVE CHILDREN 6 YEARS OLD OR YOUNGER (SKIP TO Q.E17, PAGE 22)

E16. Would you say your (child/children) has had all, most, some, a few, or none of the shots and vaccinations (he/she) should at (his/her) age?

- ☐ 5 ALL  
☐ 4 MOST  
☐ 3 SOME  
☐ 2 A FEW  
☐ 1 NONE

E17. How many of your children have been to a dentist in the past year for any reason?

☐ NONE (SKIP TO Q.E19)

\_\_\_\_\_NUMBER OF CHILDREN CHECKED BY DENTIST IN LAST YEAR

E18. How many of them have had a floride treatment by a dentist.

☐ NONE

\_\_\_\_\_NUMBER OF CHILDREN WHO HAD A FLORIDE TREATMENT

DON'T KNOW

E19. Now, I'd like to ask a few questions about some other health-related services people use from time to time.

During the past year have you (or anyone else in your family living here with you) had a personal, family, or marriage problem that worried you?

☐ 1 YES

☐ 2 NO (SKIP TO Q.E22)

E20. Did you talk with anyone outside your home about that problem - other than a friend or relative?

☐ 1 YES (Who?) \_\_\_\_\_

☐ 2 NO (SKIP TO Q.E22)

E21. Did you get help with the problem?

☐ 1 YES

☐ 2 NO

E22. Other than friends or relatives, (and WHERE R WENT), do you happen to know where a person could call or go to get help with a problem like that in Mattapan? (Where?)

☐ DON'T KNOW

\_\_\_\_\_  
\_\_\_\_\_

E23. In the past year, have you (or anyone in your family living here with you) had a person close to you who had a problem because he or she drank too much or was using drugs?

☐ 1 YES

☐ 2 NO (SKIP TO Q.E26)

E24. Did you talk with anyone outside your home about that problem - other than a friend or relative?

☐ 1 YES (Who?) \_\_\_\_\_

☐ 2 NO (SKIP TO Q.E26)

E25. Did you get help with the problem?

☐ 1 YES

☐ 2 NO

E26. Other than friends or relatives (and WHERE R WENT), do you happen to know where a person could call or go to get help with a problem like that in Mattapan? (Where?)

☐ DON'T KNOW

---

---

E27. If a family had a problem because someone was disabled, handicapped, or retarded, do you happen to know where they could call or go to get help in Mattapan? (Where?)

☐ DON'T KNOW

---

---

E28. As you may know, neighborhood health centers have been set up in many parts of the Boston area. These centers provide general medical care. Do you know of a neighborhood health center in Mattapan?

☐ 1 YES

☐ 2 NO (SKIP TO Q.F1, PAGE 25)

E29. From what you know, do you think the costs at the neighborhood health centers are - higher, lower, or about the same as a regular private doctor?

- ☐ 1 HIGHER
- ☐ 2 ABOUT THE SAME
- ☐ 3 LOWER

E30. How about the quality of medical care there - is it better, worse, or about the same as you would get most other places?

- ☐ 1 BETTER
- ☐ 2 WORSE
- ☐ 3 ABOUT THE SAME

E31. How easy or hard is it for you to get to the closest neighborhood health center - very easy, fairly easy, fairly hard, very hard?

- ☐ 1 VERY EASY
- ☐ 2 FAIRLY EASY
- ☐ 3 FAIRLY HARD
- ☐ 4 VERY HARD

E32. Have you or anyone living with you ever gone to the neighborhood health center for medical care?

- ☐ 1 YES
- ☐ 2 NO



F. PRIORITIES

F1. As we said at the beginning, this information will be used in planning the different types of programs that could be offered in a Mattapan community Multi-Service Center. One of the questions that we are most concerned with is the kind of services people think are most important to have in their neighborhood.

I'm going to read you a list of services. For each, tell me if you feel it is very important, important, or not too important to have this service available in Mattapan.

	<u>VERY</u> <u>IMPORTANT</u>	<u>IMPORTANT</u>	<u>NOT TOO</u> <u>IMPORTANT</u>
a. Adoption services -- to find homes for children and help people who want to adopt children.	<u>3</u>	<u>2</u>	<u>1</u>
b. Day care programs during the day or after school for children whose parents have to work.	<u>3</u>	<u>2</u>	<u>1</u>
c. Special health programs for people who are disabled, handicapped, or retarded.	<u>3</u>	<u>2</u>	<u>1</u>
d. Counseling for individuals or couples who have family or personal problems.	<u>3</u>	<u>2</u>	<u>1</u>
e. Legal services, providing the help of a lawyer for those who cannot afford to pay for a lawyer when they need one.	<u>3</u>	<u>2</u>	<u>1</u>
f. Emergency food, clothing and other kinds of help for people caught in fires, floods or other disasters.	<u>3</u>	<u>2</u>	<u>1</u>
g. Employment service: helping people who have trouble finding jobs to find work.	<u>3</u>	<u>2</u>	<u>1</u>
h. Homemaker service -- providing help in taking care of the home in times of sickness.	<u>3</u>	<u>2</u>	<u>1</u>
i. Helping citizen groups to work on neighborhood problems.	<u>3</u>	<u>2</u>	<u>1</u>

	<u>VERY</u> <u>IMPORTANT</u>	<u>IMPORTANT</u>	<u>NOT TOO</u> <u>IMPORTANT</u>
j. Sports, recreation and other programs for young people.	<u>3</u>	<u>2</u>	<u>1</u>
k. Sports, recreation and other programs for adults.	<u>3</u>	<u>2</u>	<u>1</u>
l. Family Planning Services -- to provide information and counseling to people who want to plan the number of children they have or the time when they have them.	<u>3</u>	<u>2</u>	<u>1</u>
m. Child care services -- to help care for children in an emergency.	<u>3</u>	<u>2</u>	<u>1</u>
n. Programs to help with special health problems like drug addiction or alcoholism.	<u>3</u>	<u>2</u>	<u>1</u>
o. Information and referral services -- having a place where people with various problems can find out where to go for help.	<u>3</u>	<u>2</u>	<u>1</u>
p. Visiting nurses who will help take care of a person who is ill at home.	<u>3</u>	<u>2</u>	<u>1</u>
q. Planning -- making sure the services people need are available and that money is spent on the most needed services.	<u>3</u>	<u>2</u>	<u>1</u>
r. Programs to help people who have come from a non-English speaking country.	<u>3</u>	<u>2</u>	<u>1</u>
s. Consumer advocate: help people with various consumer problems.	<u>3</u>	<u>2</u>	<u>1</u>

F2. Obviously, some of these services are already offered in Mattapan. Furthermore, since a multi-service center cannot realistically provide all services in a community, I would like you to tell me which three services you feel are most important to add to those services already in existence in Mattapan. (SHOW CARD)

\_\_\_\_\_ FIRST MENTION  
 \_\_\_\_\_ SECOND MENTION  
 \_\_\_\_\_ THIRD MENTION

F3. Which three are the least important to add?

_____	FIRST MENTION
_____	SECOND MENTION
_____	THIRD MENTION

G. BACKGROUND

Now I'd like to ask you some questions about your background. It is important that we obtain this information from our respondents in order to get an accurate picture of the types of people who live in Mattapan and to enable us to compare the needs of different groups of people.

G1. How old were you on your last birthday?

\_\_\_\_\_ R'S AGE

G2. INTERVIEWER: CHECK ONE

- ☐ 1 R IS MALE
- ☐ 2 R IS FEMALE

G3. What is the highest grade or year you finished in school?

- ☐ 1 8 GRADES OR LESS
- ☐ 2 1-3 YEARS OF HIGH SCHOOL
- ☐ 3 HIGH SCHOOL DIPLOMA OR EQUIVALENT
- ☐ 4 1-3 YEARS OF COLLEGE
- ☐ 5 COLLEGE DEGREE
- ☐ 6 EDUCATION BEYOND COLLEGE DEGREE

G4. Are you married, widowed, separated, divorced or single (never married)?

- ☐ 1 MARRIED
- ☐ 2 WIDOWED
- ☐ 3 SEPARATED
- ☐ 4 DIVORCED
- ☐ 5 SINGLE



G5. What is your religious preference?

☐ 01 CATHOLIC

☐ 02 JEWISH

☐ 03 ISLAMIC

PROTESTANT (ASK: "Which denomination?")

☐ 04 BAPTIST

☐ 05 CONGREGATIONAL

☐ 06 EPISCOPAL

☐ 07 METHODIST

☐ 08 PENTECOSTAL

☐ 09 OTHER PROTESTANT (SPECIFY) \_\_\_\_\_

☐ 10 OTHER (SPECIFY) \_\_\_\_\_

☐ 11 NONE

G6. Often people are asked to say what their ethnic or racial background is. What racial or ethnic group do you consider yourself?

☐ 01 NATIVE AMERICAN OR CANADIAN INDIAN

☐ 02 ORIENTAL OR ASIAN

BLACK (ASK: "Is your background American, Black African, Haitian or West Indian?")

☐ 03 AMERICAN

☐ 04 BLACK AFRICAN

☐ 05 HAITIAN

☐ 06 WEST INDIAN

☐ 07 OTHER BLACK

☐ 08 PUERTO RICAN, CUBAN, OR OTHER HISPANIC

WHITE (ASK: "Is your background Irish, Italian, German or what?")

☐ 09 IRISH

☐ 10 ITALIAN

☐ 11 GERMAN

☐ 12 OTHER WHITE (SPECIFY) \_\_\_\_\_

☐ 13 OTHER BACKGROUND (SPECIFY) \_\_\_\_\_

G7. INTERVIEWER: CHECK ONE (REFER TO Q.A12, PAGE 3)

☐ 1 R OWNS/IS BUYING HOME (READ Q.G8)

☐ 2 R RENTS (READ Q.G9)

G8. Including your mortgage, interest and real estate taxes plus your utilities - heat, electricity, gas and water - about how much does the house cost you altogether per month? (SHOW CARD) Just tell me the letter of the category that comes closest.

☐ 01 a. LESS THAN \$100

☐ 02 b. \$100-\$199

☐ 03 c. \$200-\$299

☐ 04 d. \$300-\$399

☐ 05 e. \$400-\$499

☐ 06 f. \$500-\$599

☐ 07 g. \$600-\$699

☐ 08 h. \$700-\$799

☐ 09 i. \$800 OR MORE

(SKIP TO Q.G10, PAGE 31)

G9. Including your rent and everything you pay for utilities - heat, electricity, gas and water - about how much does this (HOUSE/APARTMENT) cost altogether per month? (SHOW CARD) Just tell me the letter of the category that comes closest.

☐ 01 a. LESS THAN \$100

☐ 02 b. \$100-\$199

☐ 03 c. \$200-\$299

☐ 04 d. \$300-\$399

☐ 05 e. \$400-\$499

☐ 06 f. \$500-\$599

☐ 07 g. \$600-\$699

☐ 08 h. \$700-\$799

☐ 09 i. \$800 OR MORE

Some people hesitate to answer survey questions about their income, because they don't want other people to know how much they make or because they're afraid that the Internal Revenue Service will get the information. Actually, as with all answers in this survey, this information is strictly confidential. We ask the question only because income is such an important factor in people's lives. We don't even need an exact amount, but only a good estimate.

G10. I would like you to estimate the total combined income of your family for the past 12 months - that is, yours, (your \_\_\_\_\_'s, etc.) - before deductions for taxes. Please include income from all sources - that is, wages, salaries, social security or retirement benefits, help from relatives, rent from property and so forth.

\$ \_\_\_\_\_ PER YEAR

IF THERE IS A PROBLEM ASK: Would you just tell me the letter on the card that fits. (SHOW CARD)

- ☐ 1 a. LESS THAN \$5,000
- ☐ 2 b. \$5,000-\$9,999
- ☐ 3 c. \$10,000-\$14,999
- ☐ 4 d. \$15,000-\$19,999
- ☐ 5 e. \$20,000 OR MORE

G11. And finally just a few more questions about the other people who live here.

G11a. Could you give me the age, sex and relationship to you of every-one living here in this (HOUSE/APARTMENT) starting with the oldest person?

G11b. Is there anyone (besides yourself) who is unemployed and would like to be working but can't find a job? (Who?)

Person with Relationship to R	Age	Sex	Unemployment Status
a. Respondent		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
b.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
c.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
d.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
e.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
f.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
g.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
h.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
i.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
j.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
k.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
l.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
m.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO

Thank you for your cooperation. We are sure that your input will be helpful in considering the need for a Multi-Service Center in Mattapan.

TIME ENDED: \_\_\_\_\_ AM  
PM



APPENDIX C  
SITE VISIT REPORT

MULTI-SERVICE CENTERS - SITE VISITS

On May 2, 1977, site visits to the Harriet Tubman House and Alianza Hispana were conducted by the planning/design members of the study team. The purposes for these site visits included: touring one newly constructed multi-service facility and one renovated multi-service facility in order to observe and assess their location, service range, service support and construction/renovation support in order to develop general operating principles for a possible multi-service center in Mattapan; to further acquaint members of the Project Advisory Committee with the role, functions, operational procedures, spatial location and layout, and possibilities of a multi-service center development; and to generate additional planning data useful for the Mattapan context of development.

The following report provides a summation of the two site visits.



*The Commonwealth of Massachusetts*  
*University of Massachusetts - Boston*  
*Downtown Center*  
*Boston, Massachusetts 02125*

TELEPHONE (617) 542-6900

MAY 2, 1977

REPORT ON SITE VISITS

TO

HARRIET TUBMAN HOUSE (566 COLUMBUS AVE., BOSTON)

AND

ALIANZA HISPANA, INC. (645 DUDLEY ST., BOSTON)

TABLE OF CONTENTS

	<u>Page</u>
LIST OF THOSE PRESENT	1
INTRODUCTION	1
HARRIET TUBMAN HOUSE	2-3
FINANCIAL RESOURCES (TUBMAN HOUSE)	4
ALIANZA HISPANA, INC.	5-7
ORGANIZATIONAL CHART (ALIANZA HISPANA)	8
FUNDING SOURCES (ALIANZA HISPANA)	9

Present: Helen M. Berger (Project Advisory Committee)  
Doby Flowers (Project Advisory Committee)  
J. Lawrence Kamara (Project Advisory Committee)  
Mark Shapiro (Boston Urban Observatory)  
Fanny Allen (Tubman House)  
Angela Rodriguis (Alianza Hispana)

#### INTRODUCTION

Each visit comprised of two parts: First, a tour of the facility and second a meeting with Fanny Allen of Tubman House and Angela Rodriguis of Alianza Hispana respectively. The members of the Advisory Board were then asked to fill out a questionnaire regarding each facility. The following is a summary of the major points discussed in the meetings at the two facilities.



Harriet Tubman House

1. Brief History:

The Tubman house is part of the United South End Settlements which has been active under other names since 1891. The new Tubman house was originally designed as one of the United South End Settlement houses, however the facility was redesigned to be the headquarters of the entire program. The termination of various grants and other funding sources have resulted in the non-realization of many centralized programs.

2. Service Programs:

A. Older Adult Program

Provides individual counseling, group activities, hot lunch program, mobile service unit. (for the isolated elderly)

B. Pre-School Program

Full day care facilities for 20 children, including breakfast, lunch and an afternoon snack.

C. Food Preparation Program

Training in basic food preparation skills (employment training)

D. Manpower Advocacy Program

Provides employment opportunities for South End Residents including compliance efforts to assure minority hiring practices are adhered.

E. Child Care Training Program

Training in child care concepts (employment training)

F. Administration

3. Building Facility:

History & Funding

See 1.

Funding for the building was provided by HUD and gifts from private foundations and corporations and U.S.E.S. capital. The total cost of the building amounted to \$2,234,000.

Success of facility

Problems observed are as follows:

1. Access for the handicapped is limited to the ground floor and the semi-basement cafeteria.
2. The multi-purpose room cannot be darkened during the day for movies because of the provision of roof light.
3. The central volume is thought to be a potential problem for acoustical reasons. (e.g. youth activities if instituted would generate noise and disturb those working in offices.)
4. Heating and maintenance costs are felt by Ms. Allen to be astronomical.

# FINANCIAL RESOURCES

The Budget of U.S.E.S. amounts to \$ 953,664.  
The programs' financial resources come from  
three major categories:

-339-

- United Way - U.S.E.S. Resources	\$ 374,854
- Private Resources	94,686
- Public Funds	484,124
	<u>\$ 953,664</u>

## Combined United Way - U.S.E.S. Resources

Artistic, Cultural Programs	\$ 48,838
Family Preservation (Older Adult Programs, Ind. & Family Services)	54,916
Social Adjustment (Group Work Programs)	120,068
Resource Development (Manpower)	28,390
Mobilization of Services (Neighborhood Dev.)	121,642
	<u>Total \$ 374,854</u>

## Private Resources

Designated Funds (Designated Program)	\$ 18,296
Chinese Youth Program	11,928
Creative Drama Grants	12,814
Mobile Service Unit	7,432
Camp Hale - Operating	35,898
Camp Hale - Building Construction	8,318
	<u>Total \$ 94,686</u>

## Public Funds

Family Life Program	Public Welfare	99,625
Cathedral Security Program	L.E.A.A.	64,645 To end in Dec.
Family Day Care	Office of Children Public Welfare	58,195
After-School Care	Public Welfare	39,370
Group Day Care	Public Welfare	35,453
Day Care Mothers Training	Voc. Education	21,200
Local Business Development	O.M.B.E.	89,907
Consumer Education	Voc. Education	25,022
Protective Service to Elderly and Disabled	Public Welfare	50,707
		<u>Total \$ 484,124</u>

## The New Harriet Tubman Central Facility

Not included in the above figures is the cost of constructing the new Harriet Tubman House on the corner of Massachusetts and Columbus Avenues. The \$2,234,000 cost is shared by the Housing and Urban Development Department (HUD), gifts from private foundations and private corporations, and U.S.E.S. capital.

Alianza Hispana Inc.

1. Brief History: 1969 A group of concerned Hispanic people in the North Dorchester-Roxbury area together with Action for Boston Community Development, Inc. conducted a census under an ABCD grant, as a result Alianza Hispana of North Dorchester-Roxbury was created in 1970 under a Model Cities grant to provide education, employment, health, housing, and legal and social services to the Hispanic community.  
  
1971 Alianza Hispana of North Dorchester-Roxbury incorporated extending services to the greater Boston area and changed its name to Alianza Hispana Inc.  
  
1976 Moved from storefront location to former Police Station #9 on Dudley Street which was renovated under a HUD grant for neighborhood facilities.  
  
At present the emphasis is on moving away from a dependence on social services by the Hispanic community and trying to build up community self reliance.
2. Service Programs:
  - A. Master service unit. Co-ordinates services and carries out:
    1. Centralized intake process
    2. Centralized information and referral service
    3. Emergency services, to establish short term goals related to any problem usually relying on a support network of community services.
    4. Short term counseling, such as: employment counseling
    5. Centralized outreach activities (active effort to seek out people in need of services).
    6. Transportation services, such as: transportation to welfare office . The Human Resource sub unit of the Master Service unit provides:
      1. Intensive counseling (families & individuals)
      2. Skilled social & group work services (adults, children & families)
      3. Guidance & orientation
      4. Crisis intervention
      5. Workshops on family life.
  - B. Education & Employment Unit provides:
    1. General Educational Development test (G.E.D.) preparatory classes
    2. English classes (as a second language)
    3. Spanish literacy classes
    4. Health Education classes
    5. Information & assistance in school related problems.



A. History & Funding

3. Building Facility: Alianza originally operated out of a store front

In 1971 Police station #9 and the adjacent fire house became vacant.

Alianza negotiated with the city to acquire the building and a HUD neighborhood facilities grant of \$200,000 was received.

Delays caused costs to rise both through increased building costs and the deterioration of the building through vandalism.

In January 1976 a contractor was selected and work proceeded. The work on the rehabilitation of the police station is now substantially completed and Alianza is presently operating there. Rehabilitation of the fire house has not yet been initiated.

B. Success of Facility

Most activities take place in offices, the design of which presents no major problems.

Problems observed are as follows:

1. Access for the handicapped is restricted to the 1st floor as there is no elevator.
2. Sufficient classroom space is lacking and the open planning of classroom space in the multi-purpose room presents acoustical problems.
3. Library (resource center) is some what limited in size.
4. Single glazed and loosely fitted windows cause great heat loss resulting in an estimated annual operating cost of \$19,000 (includes heat and maintenance.

6. Career & vocational guidance
7. Tutoring for middle school children
8. Job counseling
9. Job development
10. Monitoring of bi-lingual educational programs
11. Resource center

At present there are no job training programs but one is planned.

C. Home Management & Housing Service Unit

Emphasis on public housing tenants  
Goal is to upgrade living conditions

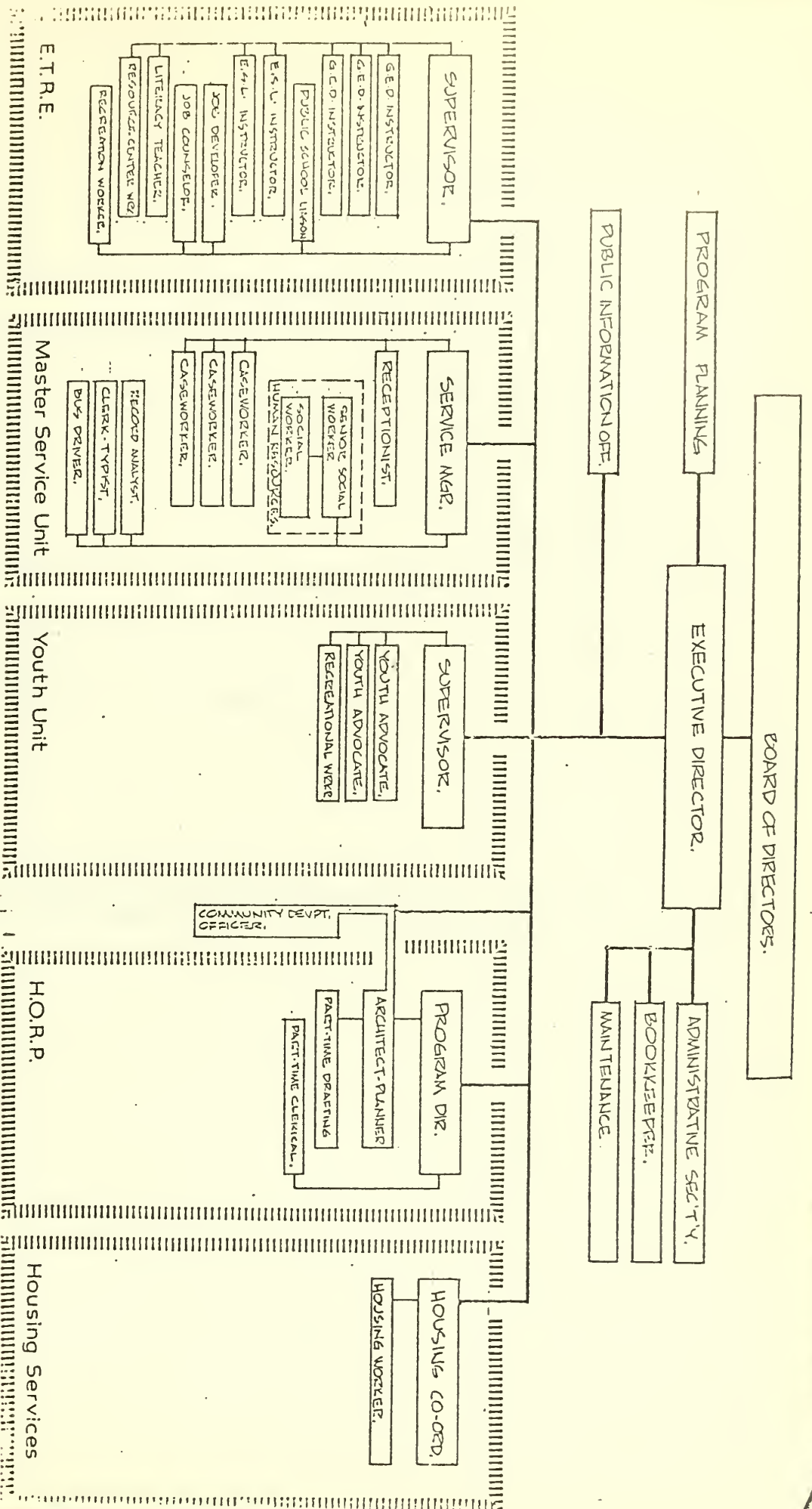
- a. Counseling is provided on 1) rental procedures, 2) housing selection & 3) tenant rights and responsibilities.
- b. Workshops are conducted on 1) home management, 2) house & property care & 3) budgeting.

D. Youth Unit

1. Youth advocacy programs is provided to act as a broker to provide services to Hispanic youths involved with the judicial system.
2. Counseling services are provided by Boston Children Services Association under a special agreement with Alianza.
3. Educational & recreational programs are planned

E. Home-ownership & rehabilitation Program provides:

1. Financial, legal & technical counseling for acquisition and rehab.
2. Home-owner education in techniques of handling property ownership.



Funding Sources (1976-77)

Foundations	5,000	
State Department of Education (ABE)	8,000	
LEAA	20,000	(1)
State Department of Education (BEE0)	25,000	
State Department of Education (DOE)	30,600	(1)
City of Boston (YAC)	38,000	(1)
United Way	74,440	
Department of Public Welfare	124,617	
CDBG	180,000	
Total:	\$ 505,657	

- (1) Award letters have been received but program implementation day has not been set. These programs also cross fiscal years.



APPENDIX D  
LEADER EVALUATION OF AGENCIES

LEADER EVALUATION OF AGENCIES  
(A RANK ORDERING)

1. Harvard Street Health Center
2. Lena Park Community Corporation
- 3.,4. Police District 3, Boston Police Department )  
Mattapan Branch Library )tie
- 5.,6. Mattahunt Community School )  
Lena Park Day Care Center )tie
- 7.,8.,9.,10. Avenue Neighborhood Health Center )  
Carney Hospital )  
Mattapan Police-Community Relations )tie  
Program )  
Mattapan Little City Hall )
11. Mattapan Chronic Disease Hospital
- 12.,13. Lemuel Shattuck Hospital  
MDC Swimming Pool and Skating Rink
14. Dorchester Mental Health Center
15. Housing Improvement Program
- 16.,17 Family Care Unit, Boston State Hospital  
Mattapan Youth Resource
18. Mattapan Civic Improvement Association
- 19.,20.,21. Lee's Day Care Center )  
22.,23.,24. Children's World )  
Wee Toddlers )  
Housing Inspection Department )tie  
School Department )  
Recruitment and Training Program)
- 25., Parks and Recreation Department )  
26.,27., Mattapan Public Welfare Services )  
28. Help for Children )  
Community Training Dynamics )
29. Developer's Incorporated

APPENDIX E  
BUDGET EXAMPLE AND FUNDING OPTIONS FOR OPERATING AND  
CAPITAL COSTS

1. BUDGET EXAMPLE - YEARS 1 and 2

<u>Program/Activity</u>	<u>Staff</u>	<u>Amount</u>
Administration and Fiscal	2	\$ 40,000
Planning/Evaluation	1	20,000
Outreach	1	15,000
Information/Referral	1	12,500
Community Organization/ Advocacy	1	15,000
Clerical	2	<u>16,000</u>
		118,500
Consultant Design Personnel		<u>31,500</u>
		\$150,000



2. BUDGET EXAMPLE - YEARS 4 and 5

<u>Program/Activity</u>	<u>Staff</u>	<u>Amount</u>
Employment	2	\$ 25,000
Day Care	4-1/2(25)	42,500 (1417 per child)
Youth Alternative	) (75)	90,000 (1200 per pupil)
Adult Continuing	} <sup>2</sup> (100)	80,000 (800 per student)
Elderly	1	45,000
Planning/Evaluation	2	35,000
Outreach	2	25,000
Information and Referral	3	30,000
Administration/Fiscal	4	62,500
Community Organization/ Advocacy	2	25,000
Clerical	5	<u>40,000</u>
		\$500,000

### 3. FUNDING OPTIONS-OPERATING COSTS

<u>Service/Activity</u>	<u>Possible Funding Source(s)</u>
Employment	Action for Boston Community Development(ABCD) Department of Labor CETA United Way
Day Care	Title XX Mass. Bureau of Nutrition Mass. Dept. of Public Welfare Fees Local fund-raising Office for Children
Youth Alternative	HEW Community Education Associated Foundations of Greater Boston HEW Experimental Schools National Institute of Education(NIE) Local fund-raising Mass. Bureau of Nutrition Tuition
Adult Continuing	Mass. Dept. of Education/ Vocational Education Edna McConnel Clark Foundation Tuition University in-kind con- tributions
Elderly	Title XX Title V-Multipurpose Senior Centers Mass. Bureau of Nutrition United Way
Administration/Fiscal )	United Way
Planning/Evaluation )	Community Development
Outreach )	Block Grant(CDBG)
Information and Referral)	Associated Foundations of
Clerical )	Greater Boston
	Private Industry
	Title V
	Title XX

4. FUNDING OPTIONS-CAPITAL COSTS

- A. Renovation for a multi-service and health center of 30,000 SF of space at a mean cost of \$30/SF.

	<u>Source</u>	<u>Estimated Amount</u>
multi- service	(HUD New Facilities Grant	\$200,000
	{ Public Works Grant	150,000
	(Title V	75,000
	{ Foundations	37,500
	(Private Industry	<u>37,000</u>
	Multi-Service Center Sub-total	500,000
health	(Hill-Burton Act	250,000
	{ George Robert White Fund	<u>150,000</u>
	Health Center Sub-total	400,000
	Joint Facility Total	\$900,000

B. New construction for a multi-service and health center of 30,000 SF at a mean cost of \$38/SF.

	<u>Source</u>	<u>Estimated Amount</u>
	(HUD New Facilities Grant	\$ 300,000
multi-	{ Public Works Grant	250,000
service	{ Title V	125,000
	{ Foundations	37,500
	(Private Industry	<u>37,500</u>
	Multi-Service Center	
	Sub-total	750,000
health	(Hill-Burton Act	250,000
	(George Robert White Fund	<u>150,000</u>
	Health Center	
	Sub-total	400,000
	Joint Facility Total	\$1,150,000



5. COST RANKING

<u>Alternative</u>	<u>Estimated Cost</u>
1. Improve without coordinating body	\$2.0 million
2 <sup>a</sup> Rental of 20,000 SF of space	2.13 million
3. Improve with coordinating body	2.2 million
4. Rehab Multi-Service Center(20,000SF) and operating costs(5 years)	2.25 million (2.36 million with acquisi- tion costs)
building costs 500,000	
acquisition " 112,500	
612,500	
5. New Multi-Service Center (20,000SF) and operating costs(5 years)	2.5 million (2.86 million with acquisi- tion costs)
building costs 750,000 <sup>b</sup>	
acquisition " 360,000	
1,110,000	
6. Rehab Multi-Service Center (30,000SF) and operating costs	2.65 million (2.76 million with acquisi- tion costs)
building costs 900,000	
acquisition " 112,500	
1,012,500	
7. New Multi-Service/Health Center(30,000SF) and operating costs <sup>c</sup>	2.9 million (3.26 million with acquisi- tion costs)
building costs 1,150,000	
acquisition " 360,000	
1,510,000	

<sup>a</sup>Rental held constant at \$3.25/SF for five years.

<sup>b</sup>Estimated acquisition costs and building costs are 26 per-  
cent of the estimated total 5-years project costs in  
Alternative 4, 39 percent in Alternative 5, 37 percent in  
Alternative 6, and 46% in Alternative 7. This implies that  
Alternative 4 provides 74 percent of estimated project costs  
for program/services costs while Alternative 7 provides 54  
percent of estimated total project costs for program/services  
costs. Alternative 2 directs 85 percent of estimated total  
project costs to program/services costs.

<sup>c</sup>Operating costs of health center are not included, only the  
operating costs for a multi-service center are calculated here.

5 a. Estimated Acquisition Costs

1. Tileston School	75,000SF(c) @ \$1.50/SF	\$112,500
2. Mildred Avenue	90,000SF(c) @ \$4.00/SF	\$360,000

Estimated Rental Costs(Annual)

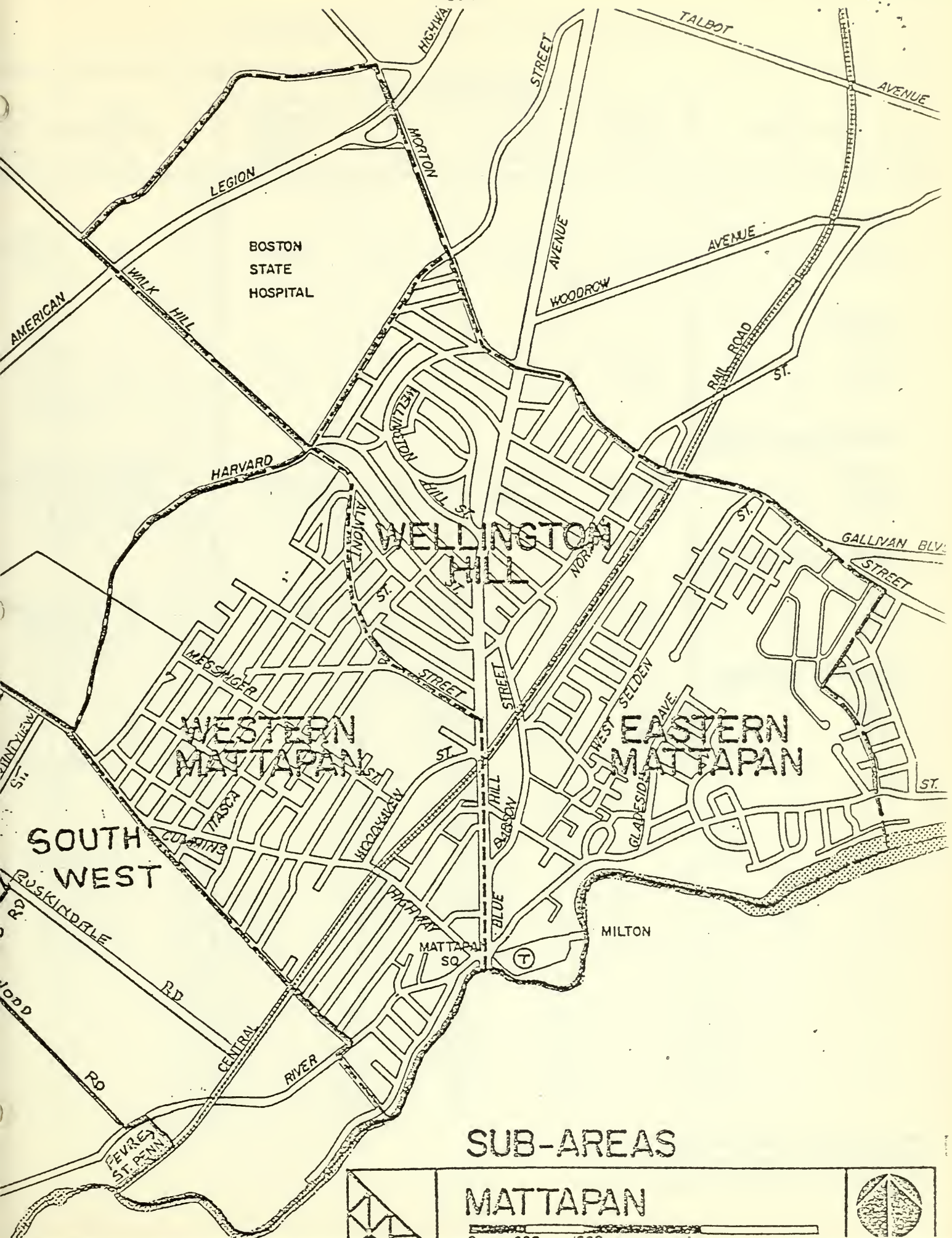
1. Tileston School	20,000SF @ \$3.25/SF	\$65,000
2. Tileston School	30,000SF @ \$ 3.25/SF	\$97,500

## 6. A NOTE ON RENTAL INCOME

If health center gets money to do rehab or construction, then what is ownership arrangement? It can be like a condominium arrangement where each agency owns a piece of the land and buildings based upon how much they put into the acquisition and/or capital costs. This route would provide no rental income for either agency. Rental income as a revenue source may not come in until expansion to at least 10,000 SF more of space for direct services by other agencies, other than health. Real estate decisions about the land and buildings would be joint enterprise of boards of health and multi-service agency with voting effecting proportionate interests in the real estate. Both boards could have sub-committees and cross-agency task forces where necessary to consider land/building questions, like expansion possibilities, rental policies and rates, contracts and types of direct services to be added (this report suggests legal, housing, youth resource and community security as the types of services needed). Gross rental income for 10,000 SF would be an estimated \$32,500. This income could then be re-distributed to each ownership partner in a proportion equal to their investment in the real estate.

APPENDIX F  
TABLES FROM HOUSEHOLD SURVEY





SUB-AREAS

MATTAPAN

Table 1

## Demographic Changes in Mattapan from 1970 to 1977

1970 vs 1977	Areas Within Mattapan					TOTAL MATTAPAN * N=286	CITY OF BOSTON
	South- west N=79	West- ern N=68	East- ern N=55	Wellington Hill N=84			
<u>Blacks</u>							
1970	--	8%	3%	48%		25%	16%
1977	36	53	63	95		70	--
<u>Elderly</u>							
1970	13	23	30	15		21	13
1977	18	1	14	2		6	--
<u>Median Family Income</u>							
1970**	\$14,235	\$16,800	\$14,850	\$12,525		\$14,250	\$13,700
1977	\$15,105	\$11,805	\$9,365	\$10,830		\$10,667	--
<u>Families Under \$7500</u>							
1970**	--	10	16	22		16	22
1977	30	24	41	35		33	--
<u>Residency &lt;5 Years</u>							
1970	66	42	39	68		52	50
1977	44	45	53	57		52	--

\*\*Converted to 1977 dollars

\*Excludes the Southwest area

1970 data is based on Census figures

Table 2

## Demographic Characteristics Within Mattapan

Demographics	Areas Within Mattapan					TOTAL MATTAPAN N=286	CITY OF BOSTON N=1043
	South- west N=79	West- ern N=68	East- ern N=55	Wellington Hill N=84			
<u>Sex</u>							
Male	45%	40%	32%	44%		41%	46%
Female	55	60	68	56		59	54
<u>Race</u>							
Black	36	53	63	95		63	15
White	63	47	32	1		35	77
Other	1	0	1	3		1	4
Hispanic	0	0	4	1		1	4
<u>Marital Status</u>							
Single	19	20	14	23		19	33
Married	63	62	65	53		60	49
Widowed, Separated, Divorced	18	18	21	24		21	18
<u>Religion</u>							
Catholic	52	41	46	10		36	59
Protestant	33	47	39	88		53	26
Jewish	10	7	5	0		5	6
Other	1	0	5	0		2	1
None	4	5	5	2		4	8
<u>Housing</u>							
Own	65	54	40	35		49	20
Rent	35	46	60	65		51	80
<u>Area Tenure</u>							
<1 Year	16	13	8	12		12	--
1-3 Years	23	28	38	38		32	--
4-7 Years	19	16	30	28		23	--
8-12 Years	14	7	14	20		14	--
>13 Years	28	36	10	2		19	--



Table 2 (continued)

## Demographic Characteristics Within Mattapan

	Areas Within Mattapan					TOTAL MATTAPAN N=286	CITY OF BOSTON N=10
	South- west N=79	West- ern N=68	East- ern N=55	Wellington Hill N=84			
<u>Family Income</u>							
<\$5,000	17%	8%	29%	25%		19%	35%
\$5,000-\$9,999	25	32	25	21		25	31
\$10,000-\$14,999	17	28	16	31		24	19
\$15,000-\$19,999	29	17	14	18		20	9
>\$20,000	12	15	16	6		12	6
<u>Employment Status</u>							
Employed	59	68	52	77		65	55
Unemployed	5	7	13	5		7	10
Laid off	1	8	1	4		3	2
Retired	11	10	13	0		8	14
Student	0	1	4	1		1	4
Keeping House	16	5	17	9		12	15
Disabled	3	0	0	3		2	0
Other	5	1	0	1		2	0
<u>Occupation</u>							
Professional/							
Technical	7	13	15	13		12	18
Managers	8	15	8	5		9	6
Clerical	34	34	37	23		31	27
Sales	4	4	2	2		3	2
Skilled	13	4	4	18		11	6
Semi-skilled	17	18	8	15		15	23
Service	17	12	26	23		19	16
Unskilled	0	0	0	1		0	2



Table 3

## Employment Needs

Employment Needs	Areas Within Mattapan					TOTAL MATTAPAN N=286	CITY OF BOSTON N=1043
	South- west N=79	West- ern N=68	East- ern N=55	Wellington Hill N=24			
% Unemployed or Laid off	6%	15%	14%	7%		10%	12%
Want to Work More Hours	10	14	9	9		10	--
Has Skills Can't Use on Present Job	16	14	15	15		15	--
Not Satisfied with Job and Don't Know Where Employment Service Is In Mattapan	10	9	5	4		7	--
Likely to Look for New Job But Doesn't Know Where to Go For Help in Matta- pan	12	7	6	5		8	--

Table 4

## Housing Needs

Housing Needs	Areas Within Mattapan					TOTAL MATTAPAN N=286	CITY OF BOSTON
	South- west N=79	West- ern N=68	East- ern N=55	Wellington Hill N=84			
% Homeowners with Income <\$20,000 Unable to Make Home Improvements Due to Lack of Money	15%	24%	6%	21%		17%	
% Unable to Make Home Improvements Due to Lack of Money	27	46	42	43		39	
% Housing Costs Too High	27	41	33	60		41	

Table 5

## Neighborhood Needs

Neighborhood Needs	Areas Within Mattapan					TOTAL MATTAPAN N=286	CITY OF BOSTON
	South- west N=79	West- ern N=68	East- ern N=55	Wellington Hill N=84			
% Feel Neighborhood Unsafe	43%	42%	38%	34%		39%	
Feel Public Services or Facilities Need Improvement	86	89	92	94		90	

Table 6

## Adult Health Needs

Adult Health Needs	Areas Within Mattapan					TOTAL MATTAPAN N=286	CITY OF BOSTON N=10
	South- west N=79	West- ern N=68	East- ern N=55	Wellington Hill N=84			
% in Poor or Fair Health	24%	19%	21%	30%		24%	13*
Receive Health Care at Hospital Emergency Room or No Usual Place	8	10	4	6		7	13
Have Not Seen Doctor for More Than 2 Years	6	16	6	3		8	25
Have Not Had Physical for More Than 2 Years	23	25	14	4		16	25
Have Not Had Blood Pressure Taken by Doctor or Nurse in More Than 2 Years	4	13	0	7		6	14
Have Not Seen Dentist for More Than 1 Year	40	54	46	43		45	

\*From 1970 Boston Area Survey (Health Care Service)



Table 7

## Special Health Needs

Special Health Needs	Areas Within Mattapan				TOTAL MATTAPAN N=286	CITY OF BOSTON N=1043
	South- west N=79	West- ern N=68	East- ern N=55	Wellington Hill N=84		
% Had Personal, Family or Marriage Problem in Past Year	15%	21%	14%	25%	19%	22%
% Don't Know Where to Get Help in Mattapan with Personal, Family or Marriage Problem	86	88	84	86	86	46
% Had Drug or Alco- hol Problem in Past Year	10	9	14	8	10	15
% Don't Know Where to Get Help with Drug or Alcohol Problem in Matta- pan	79	79	56	81	75	30
% Don't Know Where to Get Help for the Disabled, Handi- capped or Retarded in Mattapan	84	87	74	87	84	--
% Had Personal, Family or Marriage Problem in Past Year	15	21	14	25	19	22
% Don't Know Where to Get Help in Mattapan With Personal, Family or Marriage Problem	86	88	84	86	86	46

Table 7 (continued)

## Special Health Needs

Special Health Needs	Areas Within Mattapan				TOTAL MATTAPAN N=286	CITY OF BOSTON N=1043
	South- west N=79	West- ern N=68	East- ern N=55	Wellington Hill N=34		
% Had Drug or Alcohol Problem in Past Year	10%	9%	14%	8%	10%	15%
% Don't Know Where to Get Help with Drug or Alcohol Problem in Mattapan	79	79	56	81	75	30
% Don't Know Where to Get Help for the Disabled, Handicapped or Retarded in Mattapan	84	87	74	87	84	30

Table 8

## Knowledge of Neighborhood Health Center

Neighborhood Health Centers	Areas Within Mattapan				TOTAL MATTAPAN N=81	CITY OF BOSTON
	South-west N=13	West-ern N=17	East-ern N=14	Wellington Hill N=37		
<b>Cost: Health Center vs. Private Doctor</b>						
Higher	0%	1%	7%	5%	3%	8%
Same	29	31	21	6	23	27
Lower	71	68	72	89	74	65
<b>Quality: Health Center vs. Other Places</b>						
Better	7	0	0	21	10	20
Same	82	84	94	60	75	63
Lower	11	16	6	19	15	17
<b>Accessibility</b>						
Very easy to get to	50	46	44	60	52	64
Fairly easy	36	39	44	32	37	29
Fairly hard	14	15	3	1	7	4
Very hard	0	0	9	7	4	3
<b>% Know of Center in Mattapan</b>	25	31	32	49	35	--
<b>% Households Used Center Ever</b>	39	33	67	57	50	--



Table 9

## Adult Recreation and Education Needs

Adult Recreation and Education Needs	Areas Within Mattapan				TOTAL MATTAPAN N=286	CITY OF BOSTON
	South- west N=79	West- ern N=68	East- ern N=55	Wellington Hill N=84		
% Not Satisfied with Recreation Facil- ities	25%	20%	30%	25%	25%	
% Want to Continue Education	54	59	60	77	64	
% Not Likely to Con- tinue Education Due to Inaccess- ibility	0	4	2	1	1	
% Not Likely to Continue Education Due to Cost	7	6	4	3	5	
% Not Likely to Continue Education Due to Family Ob- ligations	6	6	4	4	5	



Table 10

## Children's Recreation and Education Needs

Youth Recreation and Education Needs	Areas Within Mattapan				TOTAL MATTAPAN N=286	CITY OF BOSTON
	South- west N=79	West- ern N=68	East- ern N=55	Wellington Hill N=84		
% Rating Education in Mattapan Schools "Poor"	22%	19%	17%	20%	20%	--
% Feel Teenagers With Nothing to do Is a Big Problem	45	39	38	36	40	--
% Rating Recreation Facilities/Programs "Poor"	54	60	65	56	58	--
% Very Likely to Use Day Care Center in Mattapan, If Avail- able	12	10	5	8	8	--
% Receive Health Care At Hospital Emergency Room or No Usual Place	10	14	11	7	10	--
% Have Not Seen Den- tist for More Than a Year	23	29	40	24	28	--
% Have Not Had Fouride Treatments	44	38	48	40	43	--

Table 11

## Demographic Characteristics of Children in Mattapan

Demographic (Children)	Areas Within Mattapan				TOTAL MATTAPAN N=286	CITY OF BOSTON N=1042
	South- west N=79	West- ern N=68	East- ern N=55	Wellington Hill N=84		
% Households with Children	51%	52%	58%	62%	56%	38%
<u>Sex</u>						
Male	52	51	54	40	48	--
Female	48	49	46	60	52	--
<u>Age</u>						
7-17	62	72	56	72	66	73*
6 or Younger	38	28	44	28	34	27
<u>Education</u>						
Pre-Kindergarten	5	8	6	7	7	--
Kindergarten	16	8	9	5	9	--
Grade School	39	49	50	48	47	--
Junior High	16	19	24	20	19	--
Senior High	24	16	11	20	18	--
<u>Type of School</u>						
Public	86	71	74	84	79	--
Parochial	8	13	13	5	9	--
Private	6	16	13	11	12	--
<u>Location of School</u>						
Mattapan	22	23	56	17	26	--
Elsewhere, in Boston	68	63	32	81	65	--
Outside of Boston	10	14	12	2	9	--
<u>Transportation to School</u>						
Walk	24	24	48	19	27	--
School Bus	47	42	20	61	46	--
MBTA	19	27	19	17	20	--
Car	10	7	13	3	7	--

\*6-17  
under 6

Table 12  
Priorities

Citizen Rating Very Important*	Areas Within Mattapan				TOTAL MATTAPAN N=286	Per Cent Citizen Rating Important to Add	RANK
	South- west N=79	West- ern N=68	East- ern N=55	Wellington Hill N=84			
Emergency Help	71%	79%	78%	73%	74%	31%	3
Special Health	65	66	69	75	69	27	5
Day Care	60	64	61	72	64	29	4
Drug/Alcohol	60	63	73	62	64	37	1
Employment	58	58	68	66	62	35	2
Children's Recreation	56	56	68	67	62	26	6
Legal Services	48	48	69	72	59	21	7
Child Care	62	45	69	54	57	8	11
Community Planning	52	57	71	53	57	6	15
Visiting Nurses	46	49	65	40	49	11	9
Citizens Groups	46	38	61	47	48	18	8
Homemaker Services	52	50	46	36	46	9	10
Information/Referral	49	38	67	35	46	7	13
Counseling Services	30	33	52	49	41	6	16
Non-English Speakers	35	38	56	26	38	5	18
Consumer Advocate	35	26	42	41	36	6	17

\*Represented in order of importance.



## Priorities

Went to the bank for a few minutes.















